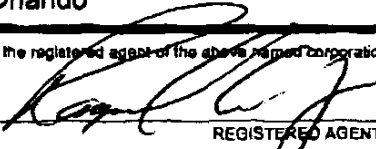
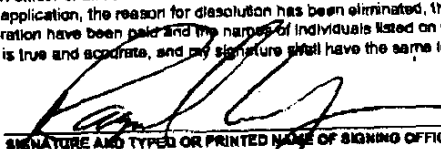


04/09/03 90154-025 *150.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000081654					
1. Corporation Name American Athletic Association 5503 San Gabriel Way Orlando, FL 32837					
2. Principal Office Address 5503 San Gabriel Way			3. Mailing Office Address 5503 San Gabriel Way		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Orlando, FL			City & State Orlando, FL		
Zip 32837	Country USA	Zip 32837	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 7/29/02	
				5. FEI Number 22-3861044	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Raymond Crouse JR					
Street Address (P.O. Box Number is Not Acceptable) 5503 San Gabriel Way					
Suite, Apt. #, Etc.					
City Orlando			State FL	Zip Code 32837	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.					
Signature of Registered Agent 				Date 12/31/03	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
Pres	Raymond Crouse JR	5503 San Gabriel Way		Orlando, FL 32837	
VPRES	Dan Pollard	2331 North 118th Street		Wauwatosa, WI 53226	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(j), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 				Date 12/31/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

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American Athletic Association
5503 San Gabriel Way
Orlando, FL 32837
(407)-497-8186

December 31, 2003

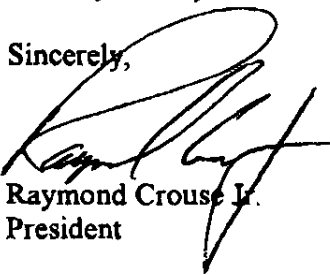
To Whom It May Concern:

Per my phone conversation today with Ruby Dunlap, I am requesting a waiver for the reinstatement fees and reinstatement of my corporation, Document #P02000081654. I never received the notice dated April 16, 2003 for the request to make corrections on form that was sent in with the filing fees of \$150.00.

Please if you have any questions contact me personally at 407-497-8186.

Thank you for your assistance to this matter.

Sincerely,



Raymond Crouse Jr.
President