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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 31 AM 8:00

DOCUMENT # P02000081654

1. Corporation Name

American Athletic Association
5503 San Gabriel Way
Orlando, FL 32837

**REINSTATEMENT** 03 MRS

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 5503 San Gabriel Way | 5503 San Gabriel Way |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Orlando, FL | 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 ☐ $8.75 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 617.0503, F.S.

Signature of Registered Agent: _____ Date: 12/31/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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)(i), 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: _____ 12/31/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 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