FILED

2007 APR 10 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800098018978
04/23/07--01047--006 **600.00

CR2E081 (1/07)

DOCUMENT # F00000005576

1. Corporation Name

American Identity Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address - No P.O. Box #
7500 W. 110th Street	7500 W. 110th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Overland Park KS	City & State: Overland Park KS
Zip: 66210 Country: Johnson	Zip: 66210 Country: Johnson

4. Date Incorporated or Qualified To Do Business In Florida: 9/00

5. FEI Number: 43-1901689 ☐ 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: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston State: FL Zip Code: 33331

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Sue Johnson Sue Johnson asst. secretary (REGISTERED AGENT MUST SIGN) Date: 4.3.07

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
P	David Krumbholz	7500 West 110th Street	Overland Park KS 66210
S	Richard Witasczak	7500 West 110th Street	Overland Park, KS 66210

REINSTATEMENT 04-07

B 4/12/07

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 contained in Chapter 119, 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: Richard Witasczak 4-3-07 913-319-4699

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