

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT <div style="text-align: center;"> FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS </div>		<div style="text-align: center;"> <small>DO NOT WRITE IN THIS SPACE</small> FILED 97 JUN -9 AM 11:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
<small>From the back of the check, make payable to:</small> Make Check Payable To: Department of State			
1. Name and Mailing Address of Corporation: DOCUMENT # 400031 Associated American Development Corp. 9100 North Kendall Drive Miami, Florida 33176		2. If Address in Block 1 is incorrect in any way, enter the correct address below: Address: City and State: Zip Code: 3. If Principle Office Address is different from mailing address, enter address below: Address: City and State: Zip Code:	
4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number 22-1718777	FEI Number Applied For FEI Number Not Applicable	6. \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	Philip Scutieri, Jr.	9100 N. Kendall Drive	Miami, FL 33176
REGISTERED AGENT INFORMATION		9. If changed, new registered agent / office Name: Street Address (Do NOT Use P.O. Box Number): Street Address (Do NOT Use P.O. Box Number): City: State: Zip:	
8. Name and Address of Current Registered Agent Philip Scutieri, Jr. 9100 N. Kendall Drive Miami, FL 33176		FL.	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent: <i>Philip Scutieri Jr.</i> Date: <u>4-2-97</u> <div style="text-align: center;"><small>REGISTERED AGENT MUST SIGN</small></div>			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: <i>Philip Scutieri Jr.</i> Date: <u>4/2/97</u> Daytime Phone #: <u>(305) 274-2600</u> <div style="text-align: center;"><small>Philip Scutieri Jr.</small></div>			

CR2040 (8-92)