

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB -4 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 466308

1. Corporation Name

AMERICAN HOME DEVELOPMENT CORPORATION

2. Principal Office Address - No P.O. Box #

1733 Shoreside Circle

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33414

Country

Palm Beach

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 92-08

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1974

5. FEI Number

591581164

☐ 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

Amy Defau

Street Address (P.O. Box Number is Not Acceptable)

1733 Shoreside Circle

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

☐ 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

Amy Defau

REGISTERED AGENT MUST SIGN

Date February 1, 2008

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
D	Amy Defau	1733 Shoreside Circle	Wellington, FL 33414
D	Albert Moskowitz	228 Goldeneye Lane	Fort Worth, TX 76120
			300118411183 02/20/08--01007--024 **3061.25
			300118411183 02/20/08--01007--025 **88.75

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:

Amy Defau

Amy Defau

02/01/2008

(561) 689-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #