

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 2007 APR 10 AM 10:30

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000005594

1. Corporation Name

American Identity Inc

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

CR2E081 (1/07)

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

7500 W. 110th Street

Suite, Apt. #, etc.

3. Mailing Office Address

7500 W. 110th Street

Suite, Apt. #, etc.

City & State

Overland Park KS

Zip

66210

Country

Johnson

City & State

Overland Park KS

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

Date 4-3-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonpublic 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 Krumboltz	7500 West 110 th Street	Overland Park, KS 66210
S	Richard Waszak	7500 West 110 th Street	Overland Park, KS 66210

REINSTATEMENT

04-07

10. I certify that I am an officer or director or the receiver or trustee empowered 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 Waszak

Richard Waszak

4-3-07

913-319-4699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR:

Date

Daytime Phone #