

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008828913
11/06/02--01088--011 **750.00



REINSTATEMENT 02

DOCUMENT # F01000003507

1. Corporation Name

AMERICAN NATIONAL ARMORED, INC.

Principal Place of Business

13825 U.S. 19, STE 405
HUDSON FL 34667

Mailing Address

13825 U.S. 19, STE 405
HUDSON FL 34667

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

13825 US 19

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite 405

Suite, Apt. #, etc.

City & State

Hudson, FL

City & State

Zip

34667

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/28/2001

5. FEI Number

63-1268806

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| P | AUTREY, GEORGE N | 1791 CALLAWAY CT. | AUBURN AL |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

JAMES, EDDIE
4707 140TH AVE NORTH, STE 118
CLEARWATER FL 33762

9. Name and Address of New Registered Agent

Name James E. Carpenter
Street Address (P.O. Box Number is Not Acceptable) 13825 U.S. 19
Suite, Apt. #, Etc. Suite 405
City Hudson, FL 34667

CR2E040 (802)

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-5-02

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nick Autrey

Date 10-31-02

Daytime Phone # 334-826-6061