PLEASE READ	ALL INSTRUCT	IONS BEFORE C	OMPLETING	US FORM.	
APPLICATION FLORIDA		RTMENT OF STATE  B. Mortham	A.F.	rruyed AND Filed	
REINSTATEMENT		ary of State	1507 909	F for a constant	
DOCUMENT # P9600005445			1997 NOV - 5 PW 41 14		
Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
AGHL GP, Inc.					
Principal Place of Bysinoss  Mailing Address  5605 MacArthur Blvd.  5605 MacArthur Blvd.					
Suite 1200 Suite 1200			1	1/07/9701098004	
Irving, 7x 15038 Irving, TR 75030			*	***750.00 ****750.00	
If above addresses are incorrect in any way, time through incorrect information and enter correction  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida		
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number   Applied For		
City & State	City & State		75-26596	Not Applicable	
Zip Country	Zip	Country	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 nonpro	fit corporations must list at lea			
Tritle(s) and/or Directors	3 (D	Officer and/or Director o NOT Use Post Office Box N		City / State / Zip	
Chilles. Steven D. Jorns	Fine	Marathur Rhu Te	Wina 17 75000 T	EVINA TO 75000	
			•		
EVP Bruce G. Wiles Slos MacArthur Bli			, July 1200 It	Ving, 7x 75038	
EVE/Ser Kenneth E. Barr 5605 MacArth		acArthur Blod, Suit	1200 Irvii	y.T. 75.38	
VP Rusi C. Valentine	MacArthur Blid.	Sijk 1200 Ir	ving, TR 75038		
REINSTATEMENT TAKE 16197					
		n.		San	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name					
C.T Corporation Syrtem			O. Box Number is Not Accep	doblo	
1200 South Pine Island 1	<u> </u>	Suite, Apt. #, Etc.			
Plantation, FL 33327			City State Zip Code		
10. I, being appointed the registored agent of the above named corporation, am familiar with and accept the ob-			ligations of Section 607 0505	<b>FL</b>	
Signature of Registered Agent Connic Bryan Special Asst. Secy. Date 11/5/47					
9					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No (See other side for information on intangible tax.)					
12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10/3 0/97 972/550-6802					