

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 MAR 14 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005077

1. Corporation Name

AMERICAN HOME BANCORP.

Principal Place of Business

18600 MAIN ST., STE. 100
HUNTINGTON BEACH CA 92648

Mailing Address

18600 MAIN ST., STE. 100
HUNTINGTON BEACH CA 92648

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1998

5. FEI Number

33-0722013

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
PC	PIERCE, KEVIN	16787 BEACH BLVD., #765	HUNTINGTON BEACH CA 92647
SD	PIERCE, MINDY	16787 BEACH BLVD., #765	HUNTINGTON BEACH CA 92647

REINSTATEMENT

8. Name and Address of Current Registered Agent

TAYLOR, DAVE
FLORIDA COMPLIANCE SPECIALIST, INC.
1331 E. LAFAYETTE STREET, STE. C
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	600003179566-3
City	03/22/00-01037-012 ***900.75 State Zip Code 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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 3-13-00

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: Mindy Pierce MINDY PIERCE SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00 (714) 847-1212
Date Daytime Phone #

CR2E040 (8/99)