

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT -1 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT #

1. Corporation Name

American Spec. Inc
H46229

2. Principal Office Address

12855 SW 87th Ave
N/A

3. Mailing Office Address

12855 SW 87th Avenue
N/A

REINSTATEMENT

91001

4. Date Incorporated or Qualified To Do Business in Florida

5-1-91

5. FEI Number

59-2504186

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip Country
33176 Dade

Zip Country
33176 Dade

7. Name and Address of Current Registered Agent

Name

H. MAC CLARK

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

12855 SW 87th Avenue

LS

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33176-5911

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

H. Mac Clark

REGISTERED AGENT MUST SIGN

Date

9-27-01

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 |
|--------|-----------------------------------|--|---------------------|
| P | H. MAC CLARK | 2195 CEDAR CLIFF RD | HIAWASSEE GA. 30549 |
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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 under section 119.07(3)(b), 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: H. Mac Clark HENRY MAC CLARK

9-27-01

805-255-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR0001 (8/00)