


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -6 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H46229
1. Corporation Name
American Spec, Inc.
W05-20855

500054868455
05/19/05--01086--008 **1200.00

2. Principal Office Address
12855 SW 87th Ave
Suite, Apt. #, etc.

3. Mailing Office Address
12855 SW 87th Ave
Suite, Apt. #, etc.

City & State
Miami, Florida
Zip
33176 Country
Dade County

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Miami, Florida
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4. Date Incorporated or Qualified To Do Business in Florida
03/06/1985

5. FEI Number
59-2504186 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
Henry Mac Clark

Street Address (P.O. Box Number is Not Acceptable)
12855 SW 87th Ave

Suite, Apt. #, Etc.
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City
Miami State
FL Zip Code
33176

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 Date
04/13/05

REGISTERED AGENT MUST SIGN

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	Henry Mac Clark	2195 Cedar Cliff Road	Hiawasee, GA 30540
VP	Phil Bowers	13840 SW 176 Terrace	Miami, FL 33176

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)(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: H. Mac Clark Date
4/29/05 Daytime Phone #
(305)255-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E001 (01/05)