PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAR -8 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J07844

1. Corporation Name
A AACHEN AAL AALBORG AALESUND AALII AALST AALTO AAR AARAU HOUSE OF INSURANCE, INC.

Principal Place of Business	Mailing Address
232 SE 5th Ave. Delray Beach, FL 33483	232 SE 5th Ave. Delray Beach, FL 33483

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

REINSTATEMENT 78.00

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: 4/4/86

5. FEI Number: 59-2671155 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED [x] ($5.00 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	Stephen Redmond	232 SE 5th Ave.	Delray Beach, FL 33483
VPTD	Sarah Redmond	232 SE 5th Ave.	Delray Beach, FL 33483
			000003171615--7 -03/15/00--01102--001 ****758.75 ****758.75
			000003171620--2 -03/15/00--01102--002 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

Stephen Redmond
232 S.E. 5th Ave.
Delray Beach, FL 33483

9. Name and Address of New Registered Agent

Name: Stephen Redmond
Street Address (P.O. Box Number is Not Acceptable): 232 SE 5th Avenue
Suite, Apt. #, Etc.:
City: Delray Beach | State: FL | Zip Code: 33483

CR2E049 (1/99)

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] Date: 1/13/00

REGISTERED AGENT MUST SIGN Stephen Redmond

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [x] 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 name 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.

KE

SIGNATURE: [signature] Stephen Redmond, President 1/13/00 561-278-4445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL224745.1