

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 10 PM 2:11

DOCUMENT # L97000001309

1. Limited Liability Company's Name

AMERICAN-PHILIPPINE INVESTMENT CLUB, INC.

10/16/98

2. Principal Office Address

6639 Southpoint Pkwy.

Suite, Apt. #, etc.

Suite 101

City & State

Jacksonville, FL

Zip

32216

Country

USA

3. Mailing Office Address

732 Queens Harbour Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32225

Country

USA

5/10 CWS ✓

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

11/20/97

6. FEI Number

59-3478804

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Don L. Mooers

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

732 Queens Harbour Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32225

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05/23/01 81036-019
****305.00 ****305.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Don L. Mooers

REGISTERED AGENT MUST SIGN

Date 4/27/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Todd Logsdon	6739 S. Daughtry Blvd.	Jacksonville, FL 32210
MGRM	Alton Villanueva	2000 Wells Rd. #F	Orange Park, FL 32073
MGRM	Don L. Mooers	732 Queens Harbour Blvd.	Jacksonville, FL 32225
MGRM	Mario Sabban	10358 Marble Egret Dr.	Jacksonville, FL 32257

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Don L. Mooers

Date 4/27/01

Daytime Phone # 904-281-1990

Typed or printed name of signing Managing Member/Manager Don L. Mooers, MGRM

CR2ED41 (9/00)