

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000008763**

1. Corporation Name

ASSOCIATION OF AMERICANS AGAINST TERRORISM, INC.

Principal Place of Business

**7603 SAN CARLOS STREET
BOYNTON BEACH FL 33437**

Mailing Address

**POST OFFICE BOX 740817
BOYNTON BEACH FL 33474**



REINSTATEMENT 2002

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		4. Date Incorporated or Qualified To Do Business in Florida 12/17/2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-1159919	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	ELLIS, MARTIN	7603 SAN CARLOS STREET	BOYNTON BEACH FL 33437
VD	NATKIN, ALVIN M	7603 SAN CARLOS STREET	BOYNTON BEACH FL 33437
STD	MICHAELIS, HERBERT	7603 SAN CARLOS STREET	BOYNTON BEACH FL 33437

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8. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	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. or 617.0505, F.S.

SPIEGEL & UTRERA, P.A.

Signature of
Registered Agent

SIGNATURE REQUIRED

Natalia Utrera, Vice President

Date

11/1/02

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.

Herbert J. Michaelis Treasurer

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/02

Daytime Phone #

CH2E040 (8/02)