
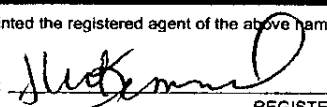
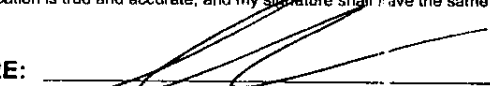


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		05 AUG -9 AM 9:00 SEATTLE, WASHINGTON TALLAHASSEE, FLORIDA	
DOCUMENT # 102000009592					
1. Corporation Name American Assistance Foundation Inc					
2. Principal Office Address 700 SE 32nd Court		3. Mailing Office Address 19090 Cloister Lake Lane			
Suite, Apt. #, etc.		Suite, Apt. # etc.			
City & State Fort Lauderdale FL		City & State Boca Raton Florida			
Zip 33316		Country USA		Zip 33498	
		Country USA		4. Date Incorporated or Qualified To Do Business in Florida Feb 4, 2002	
5. FEI Number 03-0382973				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Holly Kimmel					
Street Address (P.O. Box Number is Not Acceptable) 3200 Canterbury Dr.					
Suite, Apt. #, Etc.					
City Boca Raton, FL				State FL	
				Zip Code 33434	
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 				Date 7-11-05	
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	
Director		Gerald Wiseberg		19090 Cloister Lake Lane Boca Raton Florida 334	
Director		Joseph Horn		208 Anderson St Hackensack NJ 07601	
Director		Gary Glaser		793 Howard Ct E CRADell NJ. 07649	
				000058788140	
				08/19/05 01056 017 **\$1.25	
				000058788140	
				08/19/05--01056--018 **\$8.75	
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: 				Date 7-11-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 954-764-7576	

CR2E081 (01/05)