PLEASE READ	ALL INSTRUCT	IONS BEFORE C	OMPLETING THIS FO	PRM.		
APPLICATIONO FLORIDA DEPARTMENT OF STATE			·			
FORO	Sandra B. Martham Secretary of State		Section 1 Section 12.0			
REINSTATEMENT	DIVISION OF CORPORATIONS		- [250]			
DOCUMENT # N96000	005364		L GREER-3 Alli:3	1		
1. Corporation Name			e,28000			
			SECHLIARY OF STATE TALLARASSEL FLORE	ĎΑ		
Principal Place of Business	Mailing Address					
2887-BALOARBAND-PARK-B PYIRBAUDBRDABB-FL FORW 3/3/188806665	4.4499 4+4+4+ 84:44+	GEOAKBANDEPR UDERDALE7FL+ 33087FF.	REINSTATEM	FNT M-ax		
### If above addresses are incorrect in any way, line th						
2. New Principal Office Address, If Applicable 4100 GALT OCEAN DRIVE	3. New Mailing Office A. 4100 GALT: C		Date Incorporated or Qualified To Do Business in Florida DECEMBER 5,1996			
Suite, Apt. #, etc. SUITE 701	Suite, Apt. #, etc. SUITE 701		5. FEI Number Applied For 65-0710750			
City & State FT.LAUDERDALE, FL.	, . 	DALE, FL.	6.	Not Applicable \$8.75 Additional Fee required		
33308 Country USA	33308	USA	CERTIFICATE OF STATUS DESIRED	for a Certificate of Status		
Names and Street Addresses of Each Officer and Name of Officers	/or Director (Florida nonpro	Street Address of Each	1			
Title(s) and/or Directors 2	Title(s) and/or Directors Officer and/or Director City / State / Zip					
PRES. ROBERT JAMES PIC		FECCOMMERCIA:	LBLVD. FT.LAUDE	RDALE, FL 33308		
SECRETARY DIRECTOR - MICHAEL S STE			ARK BLVD. FT.LAUD	erdale, FL.33306		
DIRECTOR - FRANK ROBERT	PICCOLO 1150	N.ATLANTIC	BLVD FT.LAUD	ERDALE, FL. 33308		
h. + 2 - + T	201	214 2.0		1) 10 20 10 10 25 20 5		
director-Robert Ja	Mrs> 1(CO10	SIDD SYCOMI	yergial Rlub, FT.L	יבכנבשין גוורושו צעטף		
			9000022	1783191		
!			****36)6.25 *****306.25		
8. Name and Address of Current	Registered Agent		9. Name and Address of New Regi	stered Agent		
			RT JAMES PICCOLO	96296		
			Street Address (P.O. Box Number is Not Acceptable) 3100 E.COMMERCIAL BLVD, Suite, Apt. #, Etc.			
FT.LAUDERDALE, FL. 33306				0		
			FT.LAUDERDALE, FL 33308			
10. I, being appointed the registered agent of the abi	ove named corporation, am	familiar with and accept the o				
Registered Agent	EGISTERED AGENT MUST	SIGN	Date . / -	14-1998		
11. Does this corporation pay a Dept. of Revenue under S.	any intangible ta: 199.032, Florida	x to the a Statutes. Yes		other side for information on intangible tax.)		
12. I certify that I am an officer or director or the rece this reinstatement application, the reason for diss owed by the corporation have been paid and the on this application is true and accurate, and my si	olution has been eliminated, names of individuals listed of	the corporate name satisfies on this form do not qualify for	the requirements of section 607.0401 c an exemption under section 119.07(3)(or 617.0401, F.S., that all fees		
SIGNATURE: SIGNATURE AND TYPED OR PR	ROBE	TAMES TAMES) CCO 0 1-14-19	98 9712600		

		4.4	** **	•
PLEASE READ A	ALL INSTRUCTIONS	BEFORE COMPLE	TING THIS FORM.	
APPLICATIONA A	FLORIDA DEPARTME	NT OF STATE		
FORO	Sandra B. Mai			
REINSTATEMENT	Secretary of S	E-main		
	DIVISION OF CORPO	RATIONS	Land Land	
DOCUMENT # 196000 0	05567		milita 01	
1. Corporation Name AMERICAN MILE	Seumsofmentrerre	ENEURS, INC. 98	B-3 MIII:31	
		SECU	HARY OF STATE	
		TĂĒĽĀ	HARY OF STATE NASSEE PLORIDA	
Principal Place of Business	Mailing Address			
2007-ealoareand-park-bi	5VB60-2817-8820A	KBANDSPRK-BL.		
PPINEAUDERDALE-FL	-# P P\$+LAUDER	- 1		m as a 6
FORE 3013 88306 5577555555555555555555555555555555555			ISTATEMENT	" W1-01%
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			O 1141 WILLIAM	
2. New Principal Office Address, If Applicable 4100 GALT OCEAN DRIVE	3. New Mailing Office Address, If 4100 GALT: OCEAN		orporated or Qualified usiness in Florida	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DE(CEMBER 5,1996	
SUITE 701 City & State	SUITE 701 City & State	65-0	ຶ່ງ 10750	Applied For Not Applicable
FT. LAUDERDALE, FL.	FT. LAUDERDALE		\$8.75	Additional Fee required
33308 USA	33308 Countr USA	CERTIFIC		Certificate of Status
7. Names and Street Addresses of Each Officer and/o				
Title(s) Name of Officers and/or Directors	Of	eet Address of Each ficer and/or Director se Post Office Box Numbers)	City / State	/ Zip
PRES. ROBERT JAMES PICO		OMMERCIAL BLVD	FT.LAUDERDALE	. Et 33300
INDUITORIED TICE	7 4 4 4 E.S.		. FI.HAUDERDALE	,,FL 33308
SECRETARY		,		
DIRECTOR - MICHAEL S STEI	NGER 2817 E.O	AKLAND PARK BL	JD. FT.LAUDERDAI	E,FL.33306
DIRECTOR - FRANK ROBERT F	PICCOLO 1150 N.A	TLANTIC BLVD	FT.LAUDERDAL	.E. FT. 33308
				.2,722.33300
Director-Robert JAM	156 Pin 3188	C.C. Wascount	DI FILME	2006 () 3330
DIKECIOIC DESEL JH	15> 110010 NOO	SECOMMERCIAL	Blue HT-LAUDER	و حددت الماليان
		Í	900002482	⇒ 1 1 1
			9000024 2 2: -0270579 847 0 *****306.25	NOS69-005
			****306.25	/米米米306,25
8. Name and Address of Current R	egistered Agent		d Address of New Registered Age	
		ROBERT JAMES PICCOLO		
MICHEAL S. STEI		Name ROBERT JAMES PICCOLO Street Address (P.O. Box Number is Not Acceptable) 3100 E.COMMERCIAL BLVD, Suite. Apt #. Etc.		
2817 E.OAKLAND FT.LAUDERDALE,F		3100 E.COMMERCIAL BLVD.		
111-11000111111111111111111111111111111	1133300	City	State Z	in Coda
4:		FT.LAUDERDAI	E, FL	33308
10. I, being appointed the registered agent of the above	e named corporation, am familiar wit	th and accept the obligations of Se	ction 607.0505, F.S.	
Signature of Registered Agent REG	RISTERED AGENT MUST SIGN		Date 1- 14-	1998
 Does this corporation pay ar Dept. of Revenue under S. 1 	ny intangible tax to the 99.032, Florida Statu	e utes. Yes No	(See other side to on intangible	
12. I certify that I am an officer or director or the receive	r or trusted amnounced to over 4-5	hie application on two dead tour	honter 207 or 242 E.C. 11	
this reinstatement application, the reason for dissolu	ition has been eliminated, the coroor	rate name satisties the requiremen	ts of section 607 0404 or 617 0404	E.C. that all food
owed by the corporation have been paid and the na on this application is true and accurate, and my sign	ature shall have the same legal effe	i do riot quality for an exemption u ct as it made under oath.	naer section 119.07(3)(i), F.S. The i	nformation indicated
, // /		1 2	,	
SIGNATURE: SIGNATURE AND TYPED OR PRINT	TOBER TO BER OFFICER OR D	IAMES FICCOL	0 1-14-1998 3	717600 Phone #

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