

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 27 PM 1:13

DOCUMENT # P00000016091

1. Corporation Name

AMERICAN PROMOTIONS INC.

Principal Place of Business

9802 HERMOSILLO DR.
NEW PORT RICHEY FL 34655

Mailing Address

9802 HERMOSILLO DR.
NEW PORT RICHEY FL 34655



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/07/2000	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3438386	
Country		Country		Applied For	
				Not Applicable	
				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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	HILL, MELISSA A	9802 HERMOSILLO DR.	NEW PORT RICHEY FL 34655

100004717621--8
-12/10/01--01117--011
****150.00 ****150.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HILL, MELISSA A
9802 HERMOSILLO DR.
NEW PORT RICHEY FL 34655

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

Handwritten signature of Melissa A Hill
Melissa A Hill Pres.

11-21-01

Date

727-809-4710

Daytime Phone #

MATTHEW A. POTTER, CPA, PA

5940 MAIN ST.
NEW PORT RICHEY, FL 34652
727-841-6500
Fax: 727-841-0525

November 21, 2001

Florida Dept. Of State
Annual Report/Reinstatement
Tallahassee, FL 32314-6327

Re: American Promotions, Inc.

To whom it may concern:

The above referenced corporation received a notice of administrative dissolution and yet they never received the renewal request. Since they are a new corporation, they were not aware of the annual obligation, and therefore did not realize that there was a renewal due every year. Since they did not receive the Annual Business Report, please process this as a normal renewal along with the \$150 check enclosed. They are now aware of the annual requirement and will be looking for it in the future.

Sincerely,



Matthew A. Potter