

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

02 AUG -5 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/14/02--01077--008
****900.00 ****900.00

DOCUMENT # P000000052790

1. Corporation Name

AAA AMERICAN, INC.

2. Principal Office Address

5343 COLEWOOD PL.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

Zip

34232

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5-31-00

5. FEI Number

65-1044359

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

JACKIE FRANZINGER

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

5343 COLEWOOD PL.

Suite, Apt. #, Etc.

City

SARASOTA

State
FL

Zip Code

34232

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

Jackie Franzinger
REGISTERED AGENT MUST SIGN

Date

7-31-02

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	City / State / Zip
PRES	JACKIE FRANZINGER	5343 COLEWOOD PL	SARASOTA FL 34232
VILE PRES	FRANK FRANZINGER	5343 COLEWOOD PL	SARASOTA FL 34232

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:

Jackie Franzinger JACKIE FRANZINGER

7-31-02

1-800-533-5460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #