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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 13 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701000113332

1. Corporation Name

AMERICAN ASSOCIATED PROPERTIES
INC

REINSTATEMENT

2. Principal Office Address

1608 NW 15 ST

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 1077

Suite, Apt. #, etc.

City & State

FT LAUDERDALE

Zip

33311

Country

City & State

FT LAUDERDALE

Zip

33302

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-29-01

5. FEI Number

80-0032878

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VERONICA BROWN

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

1608 NW 15 ST

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State
FL

Zip Code

33311

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

Veronica Brown

REGISTERED AGENT MUST SIGN

Date

5/5/04

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
P	BROWN, VERONICA	1608 NW 15 ST	FT LAUD FL 33311

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:

Veronica Brown

BROWN VERONICA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-04 954-760-7717

Date

Daytime Phone #

CR2E081 (01/04)

B

2082

*American Associated Properties Inc
PO Box 1077
Ft Lauderdale FL 33302
Ph. 954-525-5976*

May 5, 2004

*FL Department Of the State
Division Of Corporations
Tallahassee FL*

*RE: EIN# 80-0032878
Reinstatement*

*Dear Division Of Corporations,
Please, be advised that we have not received your form for filing fee.
Please, wave our penalty and reinstate our corporation.*

Sincerely,

Veronica Brown
Veronica Brown
President