


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

04 FEB 13 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000006388

1. Corporation Name
American Motivations, Inc.

2. Principal Office Address
1 East Broadway Blvd #900

Suite, Apt. #, etc.
#900

City & State
Fort Lauderdale

Zip
33301 Country
USA

3. Mailing Office Address
1 East Broadway Blvd

Suite, Apt. #, etc.
#900

City & State
Fort Lauderdale

Zip
33301 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
01/10/2002

5. FEI Number
260029395 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
Andrew T. McNeill

Street Address (P.O. Box Number is Not Acceptable)
1 East Broadway Blvd #900

Suite, Apt. #, Etc.
#900

City
Fort Lauderdale State
FL Zip Code
33301

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
[Signature] Date
02/10/04

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	City / State / Zip
<u>P. Pres-D</u>	<u>Andrew T. McNeill</u>	<u>1 E. Broadway #900</u>	<u>Fort Lauderdale, FL 33301</u>
<u>V. VP-D</u>	<u>Andrew T. McNeill</u>	<u>1 E. Broadway #900</u>	<u>Fort Lauderdale, FL 33301</u>
<u>S. Sec-D</u>	<u>Andrew T. McNeill</u>	<u>1 E. Broadway #900</u>	<u>Fort Lauderdale FL 33301</u>

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02/13/04 01044 015 **300.00

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)(l), 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
02/10/04 Daytime Phone #
954-563-0114

CR2E081 (01/04)