PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM ED

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COR	PORATIO	basen 2 target	FLORIDA E	DEPARTMENT OF STATE ecretary of State		04 MAY 13 PM 5: 54					
	STATEME		<i>f</i>			SEUNE IMMY OF STATE TALLAHASSEE, FLORIDA					
DIVISION OF CORPORATIONS						TALLAHASSEE, FLORIDA					
DOCUMENT # P02000061934											
1. Corporat	tion Name		'								
ű Á											
AMERICAN INVESTIGATIONS, INC.							REMOTATEMENT 09:04				
2. Principal Office Address 3. Mailing O						1			C.A.	<u> زن</u> یا دے مشکور اور ا	
700 South French Avenue Suite, Apt. #, etc.			700 South French Avenue			04/0	2/04	olono	OUL	#750.01	
Suite, Apr. #, atc.				,		4. Date incorp	orated or Qua	lified			
_ · · · · · · · · · · · · · · · · · · ·			City & State	the state of the s			To Do Business in Florida 06/04/2002 5. FEI Number Applied For				
Sanford, FL		Country	Sanford, FL		Countri	04-36792			<u> </u>	t Applicable	
Zip 32771		Country Seminole	32771		Country Seminole	6. CERTIFICATE	OF STATUS D			Fee required te of Status	
			7. N	ame and A	ddress of Current Regist	ered Agent					
	Name Steven P. Walthers										
	Street Address (P.O. Box Number is Not Acceptable) 700 South French Avenue 70031754537									1	
	Suite, Api. #, Etc.						05/21/0401059035 **150 00				
į	City Sanford					State Zip Code					
8. I, being	appointed the	registered agent of the at	ove named corpo	ration, am	amiliar with and accept the	obligations of secti	on 607.0505 d	r 617.0503, F.S.		8	
Signature of Registered Agent Stuu P. Walthur							3/26/2004				
Hegistered	Agent		REGISTERED AG	ENT MUST	SIGN	·	Date				
9. Names	and Street Ac	dresses of Each Officer a	nd/or Director (Flo	rida nonpro	fit corporations must list a	t least 3 directors)					
Titles	Name of Officers and/or Directors		rs .		Street Address of E Officer and/or Direc		City / State / Zip				
۵	Russo, Robert G. D			700 South French Avenue			Sanford, FL 32771				
D	Barton, Howard C.			≑700 South French Avenue			Sanford, FL 32771				
D	Walthers, Steven P.			700 South French Avenue			Sanford, FL 32771				
	, 						}	901			
			<u></u>			<u></u>		153	M		
							7000	31754	63	7	
10. I certif	ly that I am an	officer or director or the re	ceiver or trustee en	mpowered	to execute this application d, the corporate name satis	as provided for in ch	apter 607 or 6	17, F.S. I further o	ertify that v	when filing	
owed	by the corpora	tion have been paid and t	ne names of individ	duals listed	on this form do not qualify ne legal effect as if made u	for an exemption un	der section 11	9.07(3)(i), F.S. The	informatio	n indicated	
		It P.	And		r	Ma	rch 26 20)04 (407)32	0-9969]	
SIGNA	TURE: _	SCUP WO	PRINTED NAME OF	SIGNING O	FICER OR DIRECTOR	ivia	Date		ime Phone #		