


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

04 FEB 27 AM 8:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000084932**

1. Corporation Name

AMERICAN INVESTMENTS OF NORTH FLORIDA, INC.

Principal Place of Business Mailing Address

155 CRYSTAL BEACH DR STE 10B ~~155 CRYSTAL BEACH DR STE 10B~~
 DESTIN FL 32541 ~~DESTIN FL 32541~~

REINSTATEMENT 03-04



500028634185

02/12/04--01008--006 **150.00

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.		08/06/2002	
City & State		City & State		5. FEI Number	
Zip		Zip		14-1847506	
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JAMES, BRIAN K	4117 INDIAN TRAIL	DESTIN FL 32541

500028634185

02/26/04--01020--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAMES, BRIAN K 4117 INDIAN TRAIL DESTIN FL 32541	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. or 617.0505, F.S.

Signature of Registered Agent *Brian K James* Date 2-5-04
 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)(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: *Brian K James, Director* Date 2-5-04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CPRE040 (7/03)

AMERICAN INVESTMENTS OF NORTH FLORIDA, INC.

PO BOX 5506

DESTIN, FLORIDA 32540

850-259-6775

February 5, 2004

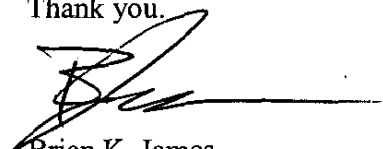
~~Glenda Hood, Secretary of State~~
Florida Department of State
409 East Gains St
Tallahassee, FL 32399

Dear Secretary Gains:

Enclosed herewith is the application for reinstatement for my company, American Investments of North Florida. Unfortunately, I have had no notice of the two prior uniform business report and respectfully request a waiver of the reinstatement fee.

The appropriate filing fee is attached with this letter.

Thank you.


Brian K. James
Director