

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000084932

1. Corporation Name

AMERICAN INVESTMENTS OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

155 CRYSTAL BEACH DR STE 108
DESTIN FL 32541

~~155 CRYSTAL BEACH DR STE 108~~
~~DESTIN FL 32541~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PO Box 5506
Destin FL
32540 USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/2002

5. FEI Number

14-1847506

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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

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

Zip Code

FL

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
REGISTERED AGENT MUST SIGN

Date

2-5-04

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)(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:

Brian K. James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 FEB 27 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04



500028634185

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

500028634185

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

CR2E040 (7/03)

AMERICAN INVESTMENTS OF NORTH FLORIDA, INC.

PO BOX 5506

DESTIN, FLORIDA 32540

850-259-6775

February 5, 2004

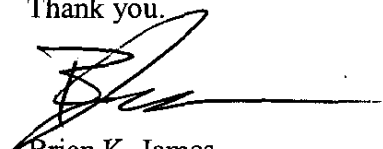
Glenda Hood, Secretary of State
Florida Department of State
409 East Gains St
Tallahassee, FL 32399

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