

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -8 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P18437

1. Corporation Name

American Apartment Management Company, Inc.

REINSTATEMENT 05-10

500175002945
04/08/10--01043--022 **900.00

2. Principal Office Address - No P.O. Box #

900 S. Gay St.

Suite, Apt. #, etc.

Suite 1504

City & State

Knoxville, TN

Zip

37902

Country

U.S.A.

3. Mailing Office Address

900 S. Gay St.

Suite, Apt. #, etc.

Suite 1504

City & State

Knoxville, TN

Zip

37902

Country

U.S.A.

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

3/15/1988

5. FEI Number
62-0882160

☐ 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

Ken Shaw

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

4767 New Broad Street

Suite, Apt. #, Etc.

Suite 235

City

Orlando

State

FL

Zip Code

32814

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Kenneth P. Shaw

REGISTERED AGENT MUST SIGN

Date 4/5/2010

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	Russell W. Fleming	900 S. Gay Street, Suite 1504	Knoxville, TN 37902
S/T	Deedra A. Burroughs	900 S. Gay St., Ste 1504	Knoxville, TN 37902
V	Marilyn Singer	4767 New Broad St., Ste 235	Orlando, FL 32814

10. E-mail Address: dburroughs@aamci.com

(To be used for future annual report notification)

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, I further certify, 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:

Deedra A. Burroughs

Deedra A. Burroughs, Sec/Treas 4/1/2010

(865) 525-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #