## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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7. Name and Address of Current Registered Agent  Name Ken Shaw Street Address (P.O. Box Number is Not Acceptable) 4767 New Broad Street  Street Address (P.O. Box Number is Not Acceptable) 4767 New Broad Street  Suite 235  City Orlando  8. I. being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.  Signature of Registered Agent  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P. Russell W. Fleming  900 S. Gay Street, Suite 1504  V. Marilyn Singer  4767 New Broad St., Ste 235  Orlando, F.L. 32814  10. E-mail Address; dburroughs@aamcl.com  To be used for hours 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, they reson for dissolution bat Peen climinage, the corporate name satisfies the requirements of section 607,050, F.S. I further 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, they reson for dissolution bat Peen climinage. the corporate name satisfies the requirements of section 607,050 or 617, F.S. I further certify that when filing this reinstatement application, they reson for dissolution bat Peen climinage. the corporate name satisfies the requirements of section 607,050 or 617, F.S. I further certify that when filing this reinstatement application, they reson for dissolution bat Peen climinage. the corporate name satisfies the requirements of section 607,040 or 617,040, F.S. I further certify that when filing this reinstatement application, they		RPORATI STATEM		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 10 APR -8 AM 9: 43			
2. Principal Office Address - No P.O. Box # 900 S. Gay St. 900 S.	1. Corporation Name										
900 S. Gay St.  Suite, 4, 8, etc.  Suite 1504  City & State  Knoxville, TN  Zip  Country  Applicable  Knoxville, TN  Zip  Country  Applicable  City & State  Knoxville, TN  Zip  Country  Applicable  City & State  Knoxville, TN  Zip  Country  Applicable  City & State  Country  Applicable  City & State  Country  Applicable  City & State  Country  Applicable  City & State  City Country  Applicable  City & State  City Country  Applicable  City State Jame  City State Jame  City State Jame  City State Jame  Applicable  City State Jame  City State Jame  Applicable  City State Jame  City State Jame  City State Jame  Applicable  City State Jame  City State Jame  Applicable  City State Jame  City State Jame  Applicable  City State Jame	American Apartment Management Company, Inc.										
Suite 1504  City & State Knoxville, TN  City & State Knoxville, TN  Zip 37902  J. S.A.  7. Name and Address of Current Registered Agant  Name Ken Shaw  Street Address (P.O. Box Number is Not Acceptable)  4. Designation of City State 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.  City Oriando  8. I. being appointed the registered agant of the above named corporation, and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director  Files  Officers and/or Orientors  9. Names and Street Addresses of Each Officer and/or Director (Fordian nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Orientors  Officers and/or Orientors  9. Name of Marriad or Orientors  Officers and/or Orientors  Officers and/	· .									CR2E081 (11/09)	
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State   Address of Country   2 p   37902   U.S.A.   U.S.A.   37902   U.S.A.   U.S.A.   37902   U.S.A.   37902   U.S.A.   37902   U.S.A.   37902   U.S.A.   U	•				City & State	<u> </u>			··· ··		
2/p 37902 U.S.A.	Knoxville, TN Knoxvi					lle, TN				~~ <del>                                   </del>	
Name Ken Shaw  Street Address (P.O. Box Number is Not Acceptable) 4767 New Broad Street 30th Apt. #, Etc. Sulte 235 City Orlando  State   Zip Code   FL   32814  Signature of   Registered Agent   Agent Addresses of Each Officer and/or Directors   Street Addresses of Each Officer and/or Directors   Street Addresses of Each Officer and/or Directors    Name of Officers and/or Directors   Street Addresses of Each Officer and/or Directors    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@amci.com   To be used for Nurs annual report notification)  11. Teerify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 517, F.S. I further certify that when filing this reinstatement applicacyoff, theyeason for dissolution part feen eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees one of the spical to 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 applicacyoff, theyeason for dissolution part feen eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees one of the property the filter part of the property the filter of the property the filter as it is applicated in the and accurate, are and accurate, are and accurate, are the anal equal part of the par		'		1 '			•	6. CERTIFICATE	\$9.76 Additional Community		
Titles   Saw   Signature of   Registered Agent   Signature of   Registered Agent   A			7. Na	me and Address	of Current Regis	tered Ager	ıt				
Suite 235 City Orlando  8. 1, 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  9. Names and Street Addresses of Each Officer and/or Directors  Name of Officers and/or Directors  9. Name of Officers and/or Directors  Officers and/or Directo	Ken Shaw Street Address (P.O. Box Number is Not Acceptable) 4767 New Broad Street								circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not		
City / State / Zip Code State								• =			
Signature of Registered Agent  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  Officers and/or Directors  Officer and/or Directors  PRUSSEII 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@aamcl.com  To be used for future annual report notification  11. Lecrify that I am an officer or director or the receiver or trustee empowered to accute this application as provided for in chapter 507 or 617, F.S. I further certify that when filing this reinstatement application, the peason for dissolution bas Deen eliminated, the corporate name satisfies are mare satisfies owed by the corporation frave beet paid. I further pertital, 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, Sec Trass 4/1/2010 (885) 525-7500							State Zip Code				
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. Lertify 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 filling this reinstatement application, the yeason 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 turner 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, Sac Tras 4/1/2010 (865) 525-7500	Signature of Registered Agent Lennth C. Man										
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, they eason for dissolution bas peen eliminated, the corporate name satisfies the requirements of section 607.0401 or 617,0401, F.S., that all fees oved by the corporation have been paid. I further remain, 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, Sections 34/1/2010 (885) 525-7500	9. Names	and Street A	ddresses	of Each Officer ar	nd/or Director (Fic	onda nonpro	fit corp	orations must list at le	ast 3 directors)	· · · · · · · · · · · · · · · · · · ·	
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, thelevason for dissolution bas peen 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 cath.  SIGNATURE:  Deedra A. Burroughs, Section 4/1/2010 (865) 525-7500	Titles			5					City / State / Zip		
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, Sections 4/1/2010 (865) 525-7500	Р	Russell W. Fleming 90					300 S. Gay Street, Suite 1504			Knoxville, TN 37902	
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BIGNATURE AND TIPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	es if 7500										