

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

97 NOV 16 PM 3:56

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P38383**

1. Corporation Name  
**AMERICAN REAL ESTATE INVESTMENT AND DEVELOPMENT CO.**

Principal Place of Business: **POST OFFICE BOX 6481 WYOMISSING PA 19610**  
 Mailing Address: **% HERRIGAN ADVISORS, INC. 401 G. LASALLE ST. #608 CHICAGO IL 60605**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable: **1413 Forest Ave.**  
 Suite, Apt. #, etc.:  
 City & State: **River Forest, IL**  
 Zip: **60305**

4. Date Incorporated or Qualified To Do Business in Florida: **04/17/1992**  
 5. FEI Number: **23-2294785**  
 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
ASC	HABERBERGER, ARTHUR A	3 RICK ROAD	READING PA 19607
DPS	HORRIGAN, J.F. JR.	1512 MEADOWLARK ROAD	WYOMISSING PA 19610
DASV	CAHILL, ANDREW	223 BAKER AVENUE	WESTFIELD NJ 07090
MD	HORRIGAN, JOHN F III	1413 FOREST AVENUE	RIVERFOREST IL 60305

**REINSTATEMENT 97**  
 4000002349524-1  
 -11/17/97-01142-009  
 \*\*\*923.25 \*\*\*923.25  
 SE 11-14-97

8. Name and Address of Current Registered Agent

**METZGER, KATHY**  
 610 KOHLMETZGER SPORTS  
 50 SOUTHEAST KINDRED ST.  
 STUART FL 34994

9. Name and Address of New Registered Agent

Name: **Kathy Metzger, C/O METZGER & SMITH**  
 Street Address (P.O. Box Number is Not Acceptable): **789 S. Federal Highway**  
 Suite, Apt. #, Etc.: **Suite 206**  
 City: **Stuart** State: **FL** Zip Code: **34994**

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.

Signature of Registered Agent: *[Signature]*  
 REGISTERED AGENT MUST SIGN

Date: **11/11/97**  
 4000002349524-1  
 -11/17/97-01142-010  
 \*\*\*923.25 \*\*\*923.25

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

12. 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: *[Signature]* **John F. Horrigan, III** 11/10/97 630-571-9199  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR22040 (9/97)