

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**

98 DEC 18 PM 1:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** P38383  
 1. Corporation Name  
 AMERICAN REAL ESTATE INVESTMENT AND DEVELOPMENT CO.

Principal Place of Business      Mailing Address  
 Post Office Box 6481      c/o Horrigan Advisors, Inc.  
 Wyomissing, PA 19610      1413 Forest Ave.  
    River Forest, IL 60305

**REINSTATEMENT** 98

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

4. Date Incorporated or Qualified To Do Business in Florida  
 4/17/1992

5. FEI Number      Applied For  
 23-2294785      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)

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	River Forest, IL 60305

000002719440--6  
 -12/22/98--01076--039  
 \*\*\*\*\*8.75 \*\*\*\*\*8.75

8. Name and Address of Current Registered Agent

Kathy A. Metzger, Esq.  
 789 South Federal Highway  
 Suite 206  
 Stuart, FL 34994

9. Name and Address of New Registered Agent

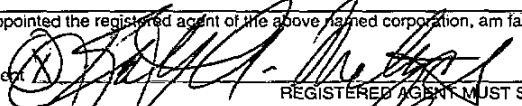
Name

Street Address (P.O. Box Number is Not Acceptable)  
 000002719440--6

Suite, Apt. #, Etc.  
 -12/22/98--01076--040

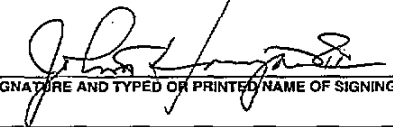
City      State      Zip Code  
                  FL      \*\*\*\*\*750.00 \*\*\*\*\*750.00

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  Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

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:**  **John F. Horrigan III**      12/10/98      630-521-9199  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E040 (12/96)