

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

Post Office Box 6481  
Wyomissing, PA 19610

Mailing Address

c/o Horrigan Advisors, Inc.  
1413 Forest Ave.  
River Forest, IL 60305

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-2294785

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
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)

Suite, Apt. #, Etc.

City

State

Zip Code

000002719440--6

-12/22/98--01076--040

\*\*\*750.00

\*\*\*750.00

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Horrigan

Date

12/10/98

Daytime Phone #

630-571-9199

CR2E040 (12/96)