2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P40855

1. Entity Name
AMERICAN IDEAS CORPORATION, INC.

FILED
08 OCT -9 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3300 39TH AVE S SAINT PETERSBURG, FL 33712	200 MADONNA BLVD TIERRA VERDE, FL 33715

06282008 REIN-P CR2E088 (1/07) REINSTATEMENT 07-08

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
244 Shoreline Dr.	244 Shoreline Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Alexander City AL	City & State: Alexander City AL
Zip: 35010 Country: USA	Zip: 35010 Country: USA

4. FEI Number: 39-1588776 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VOPAL, DEAN ~~200 MADONNA BLVD~~ ~~TIERRA VERDE, FL 33715~~	Name: VOPAL, DEAN Street Address (P.O. Box Number is Not Acceptable): ~~244 Shore~~ 1605 MAIN STREET #1010 City: SARASOTA FL Zip Code: 34236

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 9-11-08
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDP VOPAL, DEAN 200 MADONNA BLVD TIERRA VERDE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900136783149 10/09/08--01047--008 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VOPAL ROBERT OR, CHARLOTTE 510 65TH AVE SAINT PETERSBURG, FL 33706	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VOPAL, JANENE 200 MADONNA BLVD TIERRA VELDE, FL 33715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900136783185 10/09/08--01047--009 **758.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 8-6-08 256 234-8770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #