

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

DOCUMENT # P93000013797

96 NOV -6 AM 10: 32

1. Corporation Name
AMERICAN REAL ESTATE INVESTMENT CORP.
of BROWARD, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4413 NW 3RD TERRACE
POMPANO BEACH
FL 33064
USA
SAME

800001999988--9
-11/08/96--01021--005
*****8,75 *****8.75

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
02/24/93
5. FEI Number
65-0391477
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED

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
1	2	3	800001999988--9 -11/08/96--01021--006 *****50.00 *****50.00
P/S/D	PRINCE, ANDRE	4413 NW 3RD TERRACE	POMPANO BEACH, FL 33064

REINSTATEMENT

1994
1996
A. Man
11-6-96

8. Name and Address of Current Registered Agent
ANDREA PRINC
4413 NW 3RD TERRACE
POMPANO BEACH, FL 33064

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City, State, Zip
800001999988--9
-11/08/96--01021--007
*****725.00 *****725.00
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 *[Signature]* Date 10/23/96
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]* ANDRE PRINCE 10/23/96 (954) 421-6191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2E040 (12/95)