PLEASE READ	ALL INSTRUCTIONS	BEFORE COM	MPLETING THIS FORM.
FOR PLICATION FLORIDA DEPARTMENT OF CORPORATE		į	FILED
DOCUMENT # P94000077699  1. Corporation Name			98 JAN 26 PM 3: 13  SECRETARY OF STATE TALLAHASSEE. FLORIDA
Maitland, Florida 32751  Maitland, F1 32751  Mailing Address  Principal Place of Business  2200 Lucien Way.  Suite 350  Maitland, F1 32751		2751	CINICTATER AFFRED OUT (30)
If above addresses are incorrect in any way, line throws. New Mailing Address, if Applicable  Robert M. Shakar C/O Jaymark Sulte, Apt. #, etc. Bullders & Deverior 230 Mohawk Road City & State	3. New Principal Office Address,	If Applicable 4.	
Clermont,F1  Zip 34711  Country  7. Names and Street Addresses of Each Officer and/officer	Clermont; Florida Zip Countr 34711	у	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Title(s) 2 Name of Officers and/or Directors  D Robert M. Shakar	Str Of 3 (Do NOT U	eet Address of Each licer and/or Director se Post Office Box Number	ers) City / State / Zip
Developers, Inc. 230 Mohawk Road Clermont, Florida 34711			Clermont, Florida 34711
			8000024120489
8. Name and Address of Current R	agistered Agent	a h	Isme and Address of New Registered Agent
A.G.C. Co. 200 S. Orange Avenue, Suite 2300 Orlando, Florida 32801		Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State   Zip Code	
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 By:  As Vice President Section 607.0505, F.S.  Date Date Date Date Date Date Date Date			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on intangible tax.)			
13. 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 frustee 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 less 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.  AMERICAN DEVELOPMENT PROPERTIES. INC.			
SIGNATURE: By: Robert M. Shahar 1/20/98 (352) 242-0073			



ACCOUNT NO. : 072100000032

REFERENCE

681272

AUTHORIZATION

\$ 908.75

COST LIMIT :

ORDER DATE: January 26, 1998

ORDER TIME : 11:20 AM

ORDER NO. : 681272-005

CUSTOMER NO: 4329479

CUSTOMER: Karen Didea, Legal Asst

Baker & Hostetler

200 South Orange Avenue Suntrust Center Suite 2300 Orlando, FL 32802-0112

## DOMESTIC FILINGS

NAME:

AMERICAN DEVELOPMENT

PROPERTIES, INC.

XX \_ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jon A Bowling

EXAMINER'S INITIALS

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DIVISION OF CONFORATION