

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

P94000083145

FILED

99 APR 28 AM 10:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
 American Wall Investors, Inc.

Principal Place of Business Mailing Address
 1600 SW 13th Ct.
 Pompano Beach, FL 33069

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address Address If Applicable
 Suite, Apt. #, etc. **REINSTATEMENT 98**
 City & State **FL**
 Zip Country
 City & State **FL**
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **11/10/94**
 5. FEI Number **65-0541152** Applied For 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)

1	2	3	4
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
D	Kenneth R. Kreizinger	2724 NE 35th St. Ft. Lauderdale FL	Ft. Lauderdale FL 33306
D	Cliff L. Nelson	820 NE 17th Way	Ft. Lauderdale FL 33304

700002854517--9
 -04/28/99--01019--008
 ****820.00 ****750.00

8. Name and Address of Current Registered Agent
 Kenneth R Kreizinger
 1600 SW 13th Ct.
 Pompano Beach, FL 33069

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
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]* REGISTERED AGENT MUST SIGN Date **April 19, 1999**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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]* Kenneth R. Kreizinger Date **4/19/99** Daytime Phone # **954-783-0472**

CR2E067 1/2/98