APPROVED

不可可能是一颗的心脏一一颗人工工艺的初期的一个女子

PLEASE READ	ALL INSTRUCTION	S BEFORE C	COMPLETING THIS FORM.
APPLICATION FLORIDA DEP		ENT OF STATE	FILED
FOR ALM	Sandra B. Me	ortham	
DEINICTATEMENT		State	1997 FEB - 5 AM 9: 01
HEINSTALEIVIENT	DIVISION OF CORP	ORATIONS	SECRETARY OF STATE
DOCUMENT # 1950006296			TALLAHASSEE, FLORIDA
1. Corporation Name			
AMERICAN ASSURANCE GROUP INC.			
Principal Place of Business Mailing Address			-
5817 CARRIAGE Drive			
5817 CARRIAGE DAVE SARASOTA, FZ 34243			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			DO NOT WRITE IN THIS SPACE
2. New Principal Office Address, If Applicable 3. New Malling Address, If Applicable		icable	Date Incorporated or Qualified
Suite, Apt. #, etc. Suite, Apt. #, etc.			8-11.95
City & Chata			5. FEI Number Applied For
Only a State	City & State		65 - 0603048 Not Applicable
Zip Country	Zip Cour	ntry .	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer an	nd/or Director (Florida nonprofit corpo	prations must list at lea	ast 3 directors)
Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zip			
1 1 2 3 (Do NOT Use Post Office Box Numbers) 4			
P NIChoLAS F. BedNARCZYŁ 5817 (ARRIGE Ch. SARASOTA FE.			
34343			
			Breef prints grown prints are a print, and a print are a print are a print.
			5000020807959 -02/06/9701130005
		<del></del>	*****915.00 *****915.00
		·	anato in
met.			INSTATEMENT 2 10 10 1
HE		NO IN CHAIL	
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent
NichoLAS F. Z	Belloperak	Manie	
5817 Carriage Drive		Name Street Address (P.O. Box Number is Not Acceptable) Suite Ant # Fic.	
		Suite, Apt. #, Etc.	
SARASOTA, Fo 34243 City			
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 The Children of t			
Registered Agent Date Date Date			
11. 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.)			
40. I do haveby codify that the information appoint with this Elian in the last of the las			
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 re- lease 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 flegal effect as if made			
under dath.	4	_	16011 366 Dal
SIGNATURE: _ ( KONNAGY NICHOLAS 7. BOWNARCZUK /3/197			