

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 JAN 25 PM 2:18
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

98-2000

DOCUMENT # P96000004042

Corporation Name
AMERICAN TROOPS, INC

Principal Place of Business	Mailing Address
3625 S. STE RD 7 BAY E HOLLYWOOD FL 33023	3625 S. STE RD BAY E HOLLYWOOD FL 33023

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

New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01/11/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0642858	
City & State		City & State		Applied For Not Applicable	
Country		Zip		Country	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				<input checked="" type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Name(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
	ANDRIAN J LAFONT	3625 S. STE RD 7 BAY E	HOLLYWOOD FL 33023

900003119799-0
 -02/01/00-01140 085
 ****450.00 ****450.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ADRIAN J LAFONT 3625 S STE RD 7 BAY E HOLLYWOOD FL 33023		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 _____ Date _____

REGISTERED AGENT MUST SIGN

1. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

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)(ii), 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: Adrian J Lafont Date: 1/25
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)