
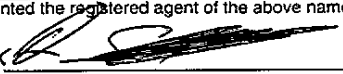



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P97000054759</b>		<b>FILED</b> 98 OCT 28 AM 8:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name AMERICAN EAGLE HOMES, INC.			
Principal Place of Business C/O P.O. Box 5082 Ft. Lauderdale, Florida 33310			
Mailing Address			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 328 Tamiami Trail		3. New Mailing Office Address, If Applicable 328 Tamiami Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pt. Charlotte, Florida		City & State Pt. Charlotte, Florida	
Zip 33953		Zip 33953	
Country U.S.A.		Country U.S.A.	
4. Date Incorporated or Qualified To Do Business in Florida June 20, 1997			
5. FEI Number 67-0769930			
Applied For Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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. Title(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
P/D	Oren Schneiderovitch	328 Tamiami Trail	Pt. Charlotte, FL 33953
S/T/D	Michael Tremis	328 Tamiami Trail	Pt. Charlotte, FL 33953
V/D	Jack Garrabrandt	617 Lomond Drive	Pt. Charlotte, FL 33953
			200002679562-3
			-11/03/98-01093-007
			***752.8 ***752.8
			REINSTATEMENT 98 10/28
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Arie Mrejen 701 West Cypress Creek, Suite 302 Ft. Lauderdale, FL 33309		Name Oren Schneiderovitch Street Address (P.O. Box Number is Not Acceptable) 328 Tamiami Trail Suite, Apt. #, Etc. City Pt. Charlotte State FL Zip Code 33953	
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 		Date 10-27-98	
REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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:  Oren Schneider, President 10-27-98 (941) 627-3850			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			