


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P970000103081			
1. Corporation Name AAA Florida Real Estate, Inc.			
Principal Place of Business 5100 N. Tamiami Tr Suite 201 Naples, FL 34103		Mailing Address 5100 N. Tamiami Tr Suite 201 Naples, FL 34103	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 12/8/97	
		5. FEI Number 59-3483071	
		6. CERTIFICATE OF STATUS DESIRED <input 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)			
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
1	2	3	4
	P.D. Helmut Paul	5100 N. Tamiami Tr., #201	Naples, FL 34103
	VP David J. Szempruch	5100 N. Tamiami Tr. #201	Naples, FL 34103
REINSTATEMENT 98-99 TS			
8. Name and Address of Current Registered Agent			
9. Name and Address of New Registered Agent			
David J. Szempruch, PA. 5100 N. Tamiami Tr. #201 Naples, FL 34103		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		800002914878--2 -06/24/99--01092--019 ****150.00 ****150.00	
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 David J. Szempruch		Date 6/1/99	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/>			
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: David J. Szempruch		Date 6-1-99 Daytime Phone # 941-261-8484	

CP2E001 (12/98)