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PLEASE READ		IONS BÉFORE C	OMPLETING	THIS FUH	IVI.
APPLICATION FOR	Kather	RTMENT OF STATE	FILED		
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS		01 SEP -7 PM 1:32		
DOCUMENT # P9800003850					
1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
AMERICAN DYNAMICS, INC.  Principal Place of Business  Mailing Address			10		-
Principal Place of Business 40304 Fisher Island Dr. #40304	Island Dr.	VA .		•	
Fisher Island, FL 33109 Fisher Island, FL 33109			REINSTATEMENT <u>00-01</u>		
If above addresses are incorrect in any way, line through Incorrect information and enter c  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable		and enter correction below.  ddress, if Applicable	Date Incorporate     To Do Business i		04/ 27/1998
uite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State	City & State		65-0845214 Not Applicable 6. S8.75 Additional Fee required		
Zip Country	Zip ,	Country	1	STATUS DESIRED L	for a Certificate of Status
7. Names and Street Addresses of Each Officer and	/or Director (Florida nonpre	ofit corporations must list at lea	ast 3 directors)		
Name of Officers   Street Ad Officers   Officer a   1   2   3   (Do NOT Use Pos		Street Address of Each Officer and/or Director Do NOT Use Post Office Box I	Numbers) 4	Cil	y / State / Zip
D Cohen-Levy, Leon 7213 Fisher Is			Or.	Fisher Is	land, FL 33109
D Benaroch, Fortunato	e Du: Theatre	75015 Paris, France OC			
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			9000045861292 -03/12/0101066006 ****900.00 ****900.00		
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		•			
8. Name and Address of Current	Registered Agent		9. Name and Addr	ess of New Regist	ered Agent
Robert L. Kline	Name D:				
2665 South Bayshore	Street Address (	Street Address (P.O. Box Number is Not Acceptable)			
Suite 903	Suite, Apt. #. Etc	201 Alhambra Circle, Suite 601			
Miami, FL 33131 Suite, Apt. #.			State   Zip Code		
10. I, being appointed the registered spent of the ab	oral Gables obligations of Section 6	607.0505, F.S.	FL 33134		
Signature of Registered Agent Date 95/01					
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 filling 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 foes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption and except the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption and except the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption and except the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption and except the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption and except the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption and the names of individuals listed on this form do not qualify for an exemption and the names of individuals listed on this form do not qualify for an exemption and the names of individuals listed on this form do not qualify for an exemption and the names of individuals listed on this form do not qualify for an exemption and the names of individuals listed on this form do not qualify for an exemption and the names of individuals listed on this form do not qualify for an exemption and the names of individuals listed on this form do not qualify for an exemption and the names of individuals listed on this form do not qualify for an exemption and the names of individuals listed on this form do not qualify for an exemption and the names of individuals listed on this form do not qualify for an exemption and the names of individuals listed on this form do not qualify for an exemption and the names of individuals listed on this form					
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