

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 05 1998 8:00 am
Secretary of State

DOCUMENT # *505905*

1. Corporation Name
American Real Estate Network Inc.

Principal Place of Business
25 Homestead Road #11
Lehigh, Florida 33936

Mailing Address
Same

RECEIVED FLORIDA

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

2. New Principal Office Address, If Applicable <i>Same as above</i>		3. New Mailing Office Address, If Applicable <i>Same</i>		4. Date Incorporated or Qualified To Do Business in Florida 10/15/90	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0225364	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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
P/D	James P. Fleming	536 Whispering Wind Bend	Lehigh, FL 33936
C/D	Peter G. Schuster	8801 Latrec Ave., Suite 106	Orlando, FL 33281

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****900.00 ****900.00

REINSTATEMENT

97-98
TS 6/10

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Thomas J. Davis, Jr., Attorney at Law

Street Address (P.O. Box Number is Not Acceptable)
1401 Kindale St.

Suite, Apt. #, Etc.

City
Lehigh Acres

State
FL

Zip Code
33936

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 11/21/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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: _____ Date 6/1/98 (407) 903-0290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date 5/18/98 Daytime Phone # _____

CR2E040 (12/95)