

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

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

2. New Principal Office Address, If Applicable
Same as above

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable
Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/90

5. FEI Number

65-0225364

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
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

REGISTERED AGENT MUST SIGN

Date 11/21/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/98

5/18/98

(407) 903-0290

Date

Daytime Phone #

CR20040 (12/96)