

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 29 AM 7:26

DOCUMENT # S47489

1. Corporation Name

AMERICAN NATIONAL BUILDING CORPORATION

2. Principal Office Address

116 NE Twilight Terrace

Suite, Apt. #, etc.

City & State

Port St. Lucie

Zip

34983

Country

USA

3. Mailing Office Address

116 NE Twilight Terrace

Suite, Apt. #, etc.

City & State

Port St. Lucie

Zip

34983

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 4/22/1991

5. FEI Number

650259913

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert N. Waugaman

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

116 NE Twilight Terrace

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34983

900034769279

04/29/04--01067--031 **600.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVS	Robert N. Waugaman	116 NE Twilight Terrace	Port St. Lucie, FL 34983

10. 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

Date

Daytime Phone #

4-28-04 772-240-5520

April 28, 2004

VIA FEDERAL EXPRESS

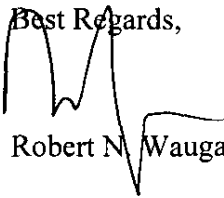
The Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: American National Building Corporation

Dear Sir or Madam:

The above-referenced corporation was administratively dissolved in 2001 for failure to file an Annual Report. I am sending you this letter to confirm that in 2001 I did not receive the Annual Report form from the State of Florida. Enclosed is a check in the amount of \$600.00 (\$150.00 for each year that the corporation was dissolved) and the Corporation Reinstatement form. Please reinstate the corporation. If you have any questions, or need any further information, please contact my attorney, Lee Dobbins, at (772) 409-1133. Thank you for your assistance.

Best Regards,



Robert N. Waugaman

WLD/hr