

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 FEB -7 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V59227

1. Corporation Name

AMERICANA OUTPARCELS, INC.

2. Principal Office Address - No P.O. Box #

1629 K Street NW

Suite, Apt. #, etc.

Suite 1200

City & State

Washington, DC

Zip

20006

Country

USA

3. Mailing Office Address

639 E. Ocean Avenue

Suite, Apt. #, etc.

Suite 406

City & State

Boynton Beach, FL

Zip

33435

Country

USA

REINSTATEMENT 97-08

4. Date Incorporated or Qualified  
To Do Business in Florida

08/21/1992

5. FEI Number  
593142472

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

NRAI SERVICES, INC.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Sharon K. Gray*  
REGISTERED AGENT MUST SIGN

Date 2-5-08

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
D	F. Davis Camalier	1629 K Street NW, Suite 1200	Washington, DC 20036

300118410763  
02/20/08--01007--017 \*\*8.75

300118410763  
02/20/08--01007--018 \*\*1800.00

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 contained in Chapter 119, 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:

*F. Davis Camalier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-08

Date

561-732-1000

Daytime Phone #