

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004920

1. Corporation Name

CAMERICAN INTERNATIONAL, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 00

Principal Place of Business Mailing Address
~~ONE CONAGRA DRIVE~~ ~~ONE CONAGRA DRIVE~~
~~CC241~~ ~~CC241~~
~~OMAHA NE 68102-5001~~ ~~OMAHA NE 68102-5001~~
~~US~~ ~~US~~
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 45 Eisenhower Drive		Suite, Apt. #, etc. 45 Eisenhower Drive		10/11/1995	
City & State Paramus, N.J.		City & State Paramus, N.J.		5. FEI Number 47-0676720	
Zip 07652		Country U.S.		Applied For Not Applicable	
				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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4
VS T P	O'DONNELL, JAMES P Brewer, Jay	1129 SOUTH 181 PLAZA 68 Birchwood Dr	OMAHA NE 68130 WYCKOFF, N.J. 07481
	ABRAMSON, LARRY	181 YOUNGS RD	MAHWAH NJ 07430
AS	WITHERS, DAVID G.	8105 NORTH 40 STREET	OMAHA NE 68112
DVC	DIFONZO, KEN	16646 HOWARD CIRCLE	OMAHA NE
VD	MANUEL, TOM	11364 WILLIAM PLAZA	OMAHA NE 68144

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32304		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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 Maryann [Signature] Date 11-22-00
REGISTERED AGENT MUST SIGN

11. 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] Date 11/12/00 Daytime Phone # 201-587-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Treasurer & CFO

CR2E040 (8/00)