

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 29 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F0000000511

1. Corporation Name

AMERICAN CONSULTING GROUP, INC. OF CONNECTICUT

Principal Place of Business

Mailing Address

36 STATE STREET  
NORTH HAVEN CT 06473

36 STATE STREET  
NORTH HAVEN CT 06473



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

01/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

06-1121894

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MUELLER, MICHAEL G	36 STATE STREET	NORTH HAVEN CT 06473
V	MUELLER, CARL	36 STATE STREET	NORTH HAVEN CT 06473
V	MAIORINO, JOHN	36 STATE STREET	NORTH HAVEN CT 06473
V	WALTERS, DOUGLAS	36 STATE STREET	NORTH HAVEN CT 06473

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

4000000666874  
10/29/02--01072--005 \*\*150.00

City

State  
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

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)(f), 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:

*Michael G. Mueller*  
MICHAEL G. MUELLER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02 (203)234-2224



*Information Technology Solutions*

October 25, 2002

Division of Corporations  
Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: FEI 06-1121894

To whom it may concern,

Please find the completed Application for Reinstatement for 2002. We did not receive any notices this year nor were we reminded by our agent regarding the 2002 UBR. We have complied on time in prior years. Please accept the enclosed fee of \$150.00 to reinstate our corporation to "active" status.

Respectfully,

A handwritten signature in cursive script that reads "Michael G. Mueller".

Michael G. Mueller  
President