

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



FILED

02 NOV 21 AM 9:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F01000000789

1. Corporation Name

AMERICAN CONSULTANTS, INC.

Principal Place of Business

9402 N. 11TH ST.
TAMPA FL 33612

Mailing Address

~~PO BOX 20000~~
~~TAMPA FL 33622~~
P.O. BOX 1930
Lutz, FL 33548

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/2001

5. FEI Number

593692734

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	MANSFIELD, MITCHELL R	PO BOX 20000 P.O. BOX 1930	TAMPA FL Lutz, Florida 33548

200009149502
11/21/02--01062--004 **61.25

8. Name and Address of Current Registered Agent

MANSFIELD, MITCHELL R
9402 N. 11TH STREET
TAMPA FL 33612
ph. 813-933-8178

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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

Mitchell-Roy Mansfield
REGISTERED AGENT MUST SIGN

Date

11/09/02

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.

Mitchell-Roy Mansfield

SIGNATURE:

Mitchell-Roy Mansfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/09/02 813-933-8178

STATEMENT OF NOT RECEIVING UNIFORM BUSINESS REPORT

I have not received the uniform business report from the state of Florida mainly because of moving the corporations mailing address. I ask to be relieved of paying the reinstatement fee of \$175.00.

Mitchell-Ray: Mansfield, President, Secretary, Tresurer
OF AMERICAN CONSULTANTS, INC. [NONPROFIT]

DATE:

Mitchell-Ray: Mansfield

11/11/02

RESOLUTION AND AMENDMENT TO CORPORATE FILES OF ADDRESS CHANGE

The board of AMERICAN CONSULTANTS, INC. having met on 07-10-02 and agreed to a change of mailing address. Mailing address, P.O. BOX 20806, Tampa, Florida [33622] is hereby changed to P.O. BOX 1930, Lutz, Florida [33548]. All other corporate information remains the same except the Phone number which is now 813-933-8178. The old number 813-935-4833 is now null.

This resolution and amendment is carried and approved on this 10th day of July 2002.

President, Secretary, Tresurer

Mitchell-Ray: Mansfield

Mitchell-Ray: Mansfield

Date:

07-10-02