

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
L00000008259

FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L00000008259

Name and Mailing Address

02 NOV 13 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0002623 01 FP 0,352 \*\*PRSR T8 0 0615 33165-333986

AMERICAN CONSORTIUM ENTERPRISES, LLC  
11401 SW 40TH STREET, SUITE 311  
MIAMI FL 33165-3339



<b>2. New Mailing Address</b> City: State: Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 11401 SW 40TH STREET, SUITE 311 MIAMI FL 33165		<b>5. Date Organized or Qualified To Do Business in Florida</b> 07/12/2000	
<b>3. New Principal Place of Business Address</b> City: State: Zip		<b>6. FEI Number</b> APPLIED FOR Applied For Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> RODRIGUEZ, IVAN M 11401 SW 40TH STREET, SUITE 311 MIAMI FL 33165		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.</b> Signature of Registered Agent <i>[Signature]</i> Date 11/7/02 REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	RIVAS, ELIZABETH	11401 SW 40TH STREET, SUITE 311	MIAMI FL 33165
S	RODRIGUEZ, IVAN	11401 SW 40TH STREET, SUITE 311	MIAMI FL 33165
		000008963400 11/13/02--01039--021 **155.00	
<b>REINSTATEMENT</b>			

CR2E084 (8/02)

**12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

ELIZABETH RIVAS

11-7-02

(305) 223-8841