PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secre	PARTMENT OF STATE etary of State OF CORPORATIONS	091	F11 E1) -EB-4 AM 8:59		
DOCUMENT # N01000005190 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
ACADEMIC COMMUNICATIONS AND FINANCIAL SERVICES INC.						
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 10696 NW WHAT HOD B-OX 67			CR2E081 (12/08)			
ite, Apt. #, etc. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 7/20/01				
Plantation FL	Soff ne		5. FEI Numbe 26-40816		Applied For Not Applicable	
33322 Country	33583	3 Country USA	G. CERTIFICATE		Additional Fee required Certificate of Status	
7. Name and Address of Current Registered Agent						
Name RICHARD BOLLES Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			☐ 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.			
City LAUDERHILL State 333						
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligated Signature of Registered Agent REGISTERED AGENT MUST SIGN				Date		
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 / 2	Zìp	
PRES RICHARD BOLLES		5/6/ N.W. 8	7 AVE.	LAWERHIL	L, A, 33351	
V.P. JONATHAN DAVID		832 N. SR7	#304	COCONUTCK	FL.33073	
Secty ASHLEY BER	Rios 6	765 COLLE	GE Ct.	DAVIE, F	233317	
REINSTA	FEME	NT Rh	50 02/04/	014283852 0901042011 **	*490.00	
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 ceth. SIGNATURE: CHARD BOLLES 1/33/09 954-801-6157						
	NTED NAME OF SIGNING	OFFICER OR DIRECTOR		Date Daytime	Phone #	