

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 APR 16 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000002119

1. Corporation Name

AMERICAN COMMUNICATION SOLUTIONS, INC

000099224850  
04/27/07--01002--029 \*\*1350.00

2. Principal Office Address - No P.O. Box #

1122 ROYALTON RD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32825

Country

U.S.A

Zip

Country

REINSTATEMENT 04-07  
CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/2002

5. FEI Number

26-0022949

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.

7. Name and Address of Current Registered Agent

Name

PORFIRIO A CASTILLO

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

1122 ROYALTON RD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32825

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

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 / Zip
PRESIDENT	PORFIRIO A CASTILLO	1122 ROYALTON RD, ORLANDO FL 32825	ORLANDO, FL 32825
VICE-PRESIDENT	RICARDO J. CASTILLO	7353 FIELDCREST AVE WINTER PARK, FL 32792	WINTER PARK, FL 32792
SECRETARY	NUBIA CASTILLO	2925 W 80th #211 Hialeah, FL 33018	HALEAH, FL 33018

000099224850  
04/27/07--01002--030 \*\*8.75

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 oath.

SIGNATURE:

*P. Castillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/07

Date

407-3412906

Daytime Phone #

As per telephone conversation with

204/19