PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC -3 PM 2:25

KS

DOCUMENT # P02000030910

1. Corporation Name

AMERICAN CONSULTING ENTERPRISE, CORP.

REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
18151 NE 31 COURT		18151 NE 31 COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
1015		1015	
City & State		City & State	
AVENTURA, FL		AVENTURA, FL	
Zip	Country	Zip	Country
33160	USA	33160	USA

4. Date Incorporated or Qualified To Do Business in Florida 03/20/2002

5. FEI Number 45-0475329 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GERARDO JENIK

Street Address (P.O. Box Number Is Not Acceptable): 18151 NE 31st Court

Suite, Apt. #, Etc.: 1015

City	State	Zip Code
Aventura	FL	33160

☑ 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.

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12/07/09--01016--021 **450.00

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 (X) _____ Date 11/30/2009

REGISTERED AGENT MUST SIGN

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
DPT	Cynthia J De Jenik	18151 NE 31 Ct #1015	Aventura, FL 33160
DVS	Gerardo A. Jenik	18151 NE 31 Ct #1015	Aventura, Fl 33160

10. E-mail Address: gerardojenik@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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: (X) _____ GERARDO JENIK 11/30/2009 786-664-0135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #