

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000027531

FILED
Dec 09, 2010
Secretary of State

Entity Name: AMERICAN COLLEGE OF APPLIED SCIENCE, INC.

Current Principal Place of Business:

123 DREAM POND RD
CRESCENT CITY, FL 32112 US

New Principal Place of Business:

405 S. SUMMIT ST. SUITE F
CRESCENT CITY, FL 32112 US

Current Mailing Address:

PO BOX 825
CRESCENT CITY, FL 32112 US

New Mailing Address:

FEI Number: 90-0146870 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HAENFLER, JAMES A
20 NORTH SUMMIT ST.
CRESCENT CITY, FL 32112 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES HAENFLER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DEFRANCO, ROBERT L
Address: P O BOX 825
City-St-Zip: CRESCENT CITY, FL 32112

Title: DR.
Name: SHARMA, DANIELA
Address: 2 SALEM ST
City-St-Zip: PISCATAWAY, NJ 08854

Title: VP
Name: ROSARIO, HECTOR
Address: 2388 RIFT VALLEY STREET
City-St-Zip: HENDERSON, NV 89044

Title: DR
Name: JAKUBOW, JAMES
Address: 9823 MAJORCA PLACE
City-St-Zip: BOCA RATON, FL 33434

Title: DR
Name: REINECKE, DANA
Address: 611 W WALNUT ST
City-St-Zip: LONG BEACH, NY 11561

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT DEFRANCO

PRES

12/09/2010

Electronic Signature of Signing Officer or Director

Date