

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P92000001041

1. Corporation Name

ADVANCED CONCEPTS INSTITUTE OF REAL ESTATE  
INCORPORATED

2. Principal Office Address

7911 CORAL WAY

Suite, Apt. #, etc.

120

City & State

MIAMI Florida

Zip

33155

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

MIAMI Florida

Zip

33155

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/30/1992

5. FEI Number

650460863

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

X \$8.75 Additional Fee required  
for a Certificate of Status

FILED  
01 AUG 30 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
800004572448-- 3  
-09/06/01--01046--020  
\*\*\*1208.75 \*\*\*1058.75

7. Name and Address of Current Registered Agent

Name

MANUEL J. GOBERNIA

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

13441 SW 53 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

[Signature]

Date

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
<u>PRES</u>	<u>MANUEL J. GOBERNIA</u>	<u>13441 SW 53 ST</u>	<u>MIAMI, FL. 33175</u>
<u>V.P.</u>	<u>LIDIA GOBERNIA</u>	<u>13441 SW 53 ST</u>	<u>MIAMI, FL. 33175</u>

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 under section 119.07(3)(i), 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:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/29/01 305-262-1777

Daytime Phone #