

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -4 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P92000007304

1. Corporation Name

American Concept Builders

2. Principal Office Address

10030 Amberwoods Dr

Suite, Apt. #, etc.

City & State

Boca Raton

Zip Country

33433

Palm Beach

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Florida

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1992

5. FEI Number

105-0373983

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

Thomas Henderson

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

10030 Amberwoods Dr

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

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

Thomas H. Henderson

REGISTERED AGENT MUST SIGN

Date 3-28-03

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
Pres	Thomas Henderson	10030 Amberwoods Dr	Boca Raton FL 33433

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

Thomas H. Henderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-03

Date

561-395-1644

Daytime Phone #

CR2E081 (10/02)