

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 SEP 13 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

0446000036209

1. Corporation Name

AMERICAN COMMERCIAL INVESTMENTS INC.  
S/B/A INVERRARY PLAZA RESORTS

Principal Place of Business

Mailing Address

3501 INVERRARY BLVD. SAME  
LAUDERHILL FL 33319

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/22/93

5. FEI Number

65-0446384

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

55.70 (See instructions for use of  
this certificate of status.)

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	MARIO ARZAMENDI AHUJA	3501 INVERRARY BLVD.	LAUDERHILL FL 33319

100002988131--4  
-09/15/99-01085--001  
\*\*\*758.75 \*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

MARIO ARZAMENDI AHUJA

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

3501 INVERRARY BLVD.

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33319

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/9/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 AND DATED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO ARZAMENDI

9/9/99

Date

(954) 4850500

Daytime Phone #

CR0001 (12/98)