

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



FILED  
02 SEP 16 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000056259

1. Corporation Name  
American Commercial Investments, Inc.

Principal Place of Business Mailing Address  
3501 Inverrary Blvd 3501 Inverrary Blvd  
Lauderhill FL 33319 Lauderdale 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 7/28/1994  
5. FEI Number 65-0446384  
Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	MARIO ARZAMENDI	3501 INVERRARY BLVD	LAUDERHILL, FL. 33319
S	JULIAN RAMIREZ, SEC	3501 INVERRARY BLVD	LAUDERHILL, FL 33319
			600007853806--7 -09/19/02--01082--010 ****712.50 ****712.50
*Julian gave permission to add titles. 9/17/02 JRM			

8. Name and Address of Current Registered Agent  
Julian Ramirez  
3501 Inverrary Blvd.  
Lauderhill, FL 33319

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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  
Date 9/3/02  
REGISTERED AGENT MUST SIGN

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 9/3/02 Daytime Phone # 954 7099144