

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000079863**

1. Corporation Name

AMERICAN CONSULTANTS INC.

Principal Place of Business

20801 BISCAYNE BLVD.
SUITE 452
AVENTURA FL 33180
US

Mailing Address

20801 BISCAYNE BLVD
SUITE 452
AVENTURA FL 33180
US

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

10/31/1994

5. FEI Number

65-0530488

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

3. Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

City / State / Zip

1

2 ORTA, MARGARITA D

20801 BISCAYNE BLVD SUITE 452

4 AVENTURA FL

300001970893
-10/10/96--01077--017
*****225.00 *****225.00

8. Name and Address of Current Registered Agent

ORTA, MARGARITA D
19931 NE 21ST AVE
NORTH MIAMI BEACH FL 33179

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 9/18/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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:

Margarita D. Orta

09/19/96

Date

(305) 759-8711

Daytime Phone #



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September 19th, 1996

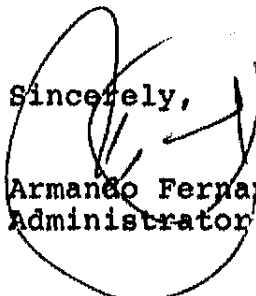
Florida Department of State
Division of Corporations
DEPARTMENT OF RE-INSTATEMENT
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam;

This is to inform you that we didn't receive the check that you mailed back to us last June 1996, so please see check # 1483 for re-instatement.

Thank you for your attention to this matter.

Sincerely,


Armando Fernandez,
Administrator