PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

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

FILED
96 SEP 23 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000079863

1. Corporation Name

AMERICAN CONSULTANTS INC.

Principal Place of Business	Mailing Address
20801 BISCAYNE BLVD. SUITE 452 AVENTURA FL 33180 US	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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	ORTA, MARGARITA D	20801 BISCAYNE BLVD SUITE 452	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: Margarita D. Orta Date: 9/18/96
REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

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 filin 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 fee 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 indic 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 — Margarita D. Orta — 09/19/96 Date — (305) 759-8711 Daytime Phone #

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORTH SHORE NURSING HOME

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

9380 Northwest 7th Avenue • Miami, Florida 33150 • Phone: (305) 759-8711 • Fax: (305) 757-8860