

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P97000017829

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1. Corporation Name

NILTON LINS AMERICAN INSTITUTE CORP.

Principal Place of Business: 9465 NW 54<sup>th</sup> Doral Terr. Miami, FL 33178  
Mailing Address: 9465 NW 54<sup>th</sup> Doral Terr. Miami, FL 33178



REINSTATEMENT 00

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

2. New Principal Office Address, if Applicable 9465 NW 54 <sup>th</sup> Doral Terr. Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable 9465 Doral Terr. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 02/25/1997	
City & State MIAMI, FLORIDA		City & State MIAMI, Florida		5. FEI Number 65-0740707	
Zip 33178		Country USA		Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LINS, NILTON COSTA	9465 NW 54TH DORAL TERR.	MIAMI FL 33178
VD	LINS, ALICE VILELA	9465 NW 54TH DORAL TERR.	MIAMI FL 33178
ST	MANUEL RODRIGUES	9465 NW 54TH DORAL TERR.	MIAMI FL 33178
V	LINS, NILTON J	9465 NW 54TH DORAL TERR.	MIAMI FL 33178

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-12/07/00--01076--024  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent MANUEL S. RODRIGUES 9465 NW 54 <sup>th</sup> DORAL TERR. MIAMI FL 33178 33126		9. Name and Address of New Registered Agent Name: Manuel S. RODRIGUES Street Address (P.O. Box Number is Not Acceptable): 9465 NW 54 <sup>th</sup> DORAL TERR. Suite, Apt. #, Etc. City: MIAMI State: FL Zip Code: 33178	
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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: **SIGNATURE REQUIRED** Date: NOV. 10/2000  
REGISTERED AGENT MUST SIGN

11. 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 REQUIRED** Date: NOV. 10/2000 Daytime Phone #: 205 264.4404  
Signature and typed or printed name of signing officer or director  
cf: 305 989.1418

CR2E040 (8/00)