

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

1. Corporation Name

NILTON LINS AMERICAN INSTITUTE CORP.

00 NOV 20 PM 2:11

Principal Place of Business
9465 NW 54TH JARAF TEN.
~~8000 NW 36TH ST. SUITE 402~~
~~MIAMI FL 33100~~
MIAMI FL 33178

Mailing Address
9465 NW 54TH JARAF TEN.
~~8000 NW 36TH ST. SUITE 402~~
~~MIAMI FL 33100~~
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 54TH 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

5. FEI Number
65-0740707
Applied For
Not Applicable

City & State
MIAMI, FLORIDA
Zip
33178
Country
USA

City & State
MIAMI, Florida
Zip
33178
Country
USA

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	City / State / Zip
1	2	3	4
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
300003491103--9 -12/07/00--01076--024 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANUEL S. RODRIGUES
9465 NW 54TH DORAL TERR.
MIAMI FL 33178 33126

Name
Manuel S. Rodrigues
Street Address (P.O. Box Number is Not Acceptable)
9465 NW 54TH DORAL TERR.
Suite, Apt. #, Etc.
City
MIAMI
State
FL
Zip Code
33178

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 10/2000

Date

205 264.4404

Daytime Phone #

305 989.1418