

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

05 MAY 23 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **697000017829**

1. Corporation Name
NILTON LINS AMERICAN INSTITUTE, CORPORATION

2. Principal Office Address
8278 NW 66th Street

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip Country
33166 USA

3. Mailing Office Address
8278 NW 66th Street

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip Country
33166 USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **02/25/1997**

5. FEI Number
650740707

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Manuel Silva Rodrigues

Street Address (P.O. Box Number is Not Acceptable)
8278 NW 66th Street

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33166

300055147963

05/23/05--01066--014 **1200.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Maria Alice Vilela Lins	9465 NW 54TH DORAL TERR	Miami, FL 33178
V	Nilton Costa Lins Junior	9465 NW 54TH DORAL TERR	Miami, FL 33178
D	Giselle Lins de Queiroz	9465 NW 54TH DORAL TERR	Miami, FL 33178
D	Emmanuelle Garcia Lins	9465 NW 54TH DORAL TERR	Miami, FL 33178
D	Michelle Costa Lins	9465 NW 54TH DORAL TERR	Miami, FL 33178
S	Manuel Silva Rodrigues	8278 NW 66th Street	Miami, FL 33166

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

May 10/05

Date

Daytime Phone #

305 418 4042

CR2E081 (01/05)