

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JUN -2 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000006700

1. Corporation Name

AMERICA COMPUTER CONSULTANTS, INC.

2. Principal Office Address - No P.O. Box #

200 Leslie Drive

Suite, Apt. #, etc.

Suite 1104

City & State

Hallandale, Florida

Zip

33009

Country

3. Mailing Office Address

200 Leslie Drive

Suite, Apt. #, etc.

Suite 1104

City & State

Hallandale, Florida

Zip

33009

Country

7. Name and Address of Current Registered Agent

Name

Roy Gutierrez

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

200 Leslie Drive

Suite, Apt. #, Etc.

Suite 1104

City

Fort Lauderdale

State

FL

Zip Code

33009

REINSTATEMENT 03-08

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/19/1999

5. FEI Number

65-0890888

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Roy Gutierrez

Date 5/27/2008

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
D	Gutierrez, Roy	200 Leslie Drive, Suite 1104	Fort Lauderdale, Florida 33009

700131229927  
06/12/08--01014--021 \*\*900.00

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 contained in Chapter 119, 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:

Roy Gutierrez, President

5/27/2008

954-805-4616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RC6/2