

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

AND FILED
99 JUN 28 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S73956

1. Corporation Name
AMERICAN COUNSELLING, EDUCATION CENTER, INC.

Principal Place of Business Mailing Address
20451 NW 2ND CT. 20451 NW 2ND CT.
MIAMI, FL 33169 MIAMI, FL 33169

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.
1864 NW 175TH ST 1864 NW 175TH ST
City & State City & State
MIAMI, FL MIAMI, FL
Zip Country Zip Country
33056 USA 33056

REINSTATEMENT
4. Date Incorporated or Qualified To Do Business in Florida 1-8-96
5. FEI Number 65-0625792 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
P, T	CORNELL L. ROLLE	20451 NW 2ND CT MIAMI, FL 33169	MIAMI, FL 33169
VP, S	BOBBIE ROLLE	20451 NW 2ND CT MIAMI, FL 33169	MIAMI, FL 33169
			400002918734--7 -06729799--011057--025 ***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORNELL L. ROLLE
1864 NW 175TH ST.
MIAMI, FL 33056

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 X *Cornell Rolle*
REGISTERED AGENT MUST SIGN

Date 6-25-99

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 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: X *Cornell Rolle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6-25-99 (305) 624-4901
Daytime Phone #

CR2000 (12/96)