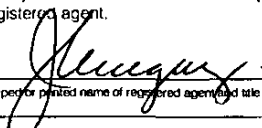
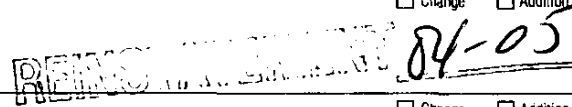
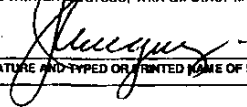


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 709010 1. Entity Name ACU HOLDINGS INC.						FILED 05 MAY -3 AM 7:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 720 NE 27TH STREET MIAMI, FL 33137				Mailing Address 720 NE 27TH STREET MIAMI, FL 33137			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				4. FEI Number NOT APPLICABLE			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SALAS, RAUL J 201 SOUTH BISCAYNE BLVD., STE. 1500 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				DATE 4/25/04			
FILE NOW!!! FEE IS \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LLORENTE, AMANDO REV. 720 NE 27TH ST., MIAMI, FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800054333238 05/12/05--01061--013 **122.50			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEON, JESUS 11537 MANORSTONE LANE COLUMBIA, MD 21044	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARCIA, MARCILINO REV. 500 SW 127TH AVE. MIAMI, FL 33184	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition T. Roberts MAY 10 2005			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASAS, FRANCISCO J 720 NE 27TH STREET MIAMI, FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALAS, RAUL J ESQ. 720 N.E. 27TH ST. MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIGUEZ, JUAN 720 N.E. 27TH ST. MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or a step empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				DATE 4/25/04 DAYTIME PHONE # 305-223-4307			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							