

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

03 APR -9 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION**  **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000049122**

1. Corporation Name

**ACME UNLIMITED INC.**

2. Principal Office Address

**5701 MARIE DR.**

Suite, Apt. #, etc.

3. Mailing Office Address

**5701 MARIE DR.**

Suite, Apt. #, etc.

City & State

**Zephyrhills FL.**

City & State

**Zephyrhills FL**

Zip

**33541**

Country

**U.S.**

Zip

**33541**

Country

**US**

4. Date Incorporated or Qualified To Do Business in Florida

**5-16-2001**

5. FEI Number

**59-3718270**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

**Christopher A. Davis**

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

**5701 MARIE DR.**

Suite, Apt. #, Etc.

City

**Zephyrhills**

State

**FL**

Zip Code

**33541**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent



REGISTERED AGENT MUST SIGN

Date **2-21-03**

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Christopher A. Davis	5701 MARIE DR	Zephyrhills FL 33541
VP	Susan F. Davis	5701 MARIE DR	Zephyrhills FL 33541

**02-03**

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-03

Date

813-714-4842

Daytime Phone #

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**ACME UNLIMITED INC.**

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2002 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

*Chad*  
CHRISTOPHER A. DAVIS  
PRESIDENT