

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

99 SEP 27 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000617714

1. Corporation Name  
**ACME SUPPLY CO., INC.**

Principal Place of Business / Mailing Address  
**3639 North Peachtree Rd.  
Atlanta, GA 30341**

500003006835-- 2  
-10/06/99--01026--001  
\*\*\*1050.00 \*\*\*1050.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable  
**3639 North Peachtree Rd.**

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State  
**Atlanta GA**

Zip Country  
**30341 Dekalb**

4. Date Incorporated or Qualified To Do Business in Florida  
**3/4/93**

5. FEI Number  
**65-0316657**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$675 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
Pres.	Robert Kochan	2505 Millerbrook Drive <del>Dekalb GA</del>	Deluth, GA 30097
V.P.	Scott Mizener	1281 North Ocean Drive Suite 177	Singer Island, FL, 33404
Sec.	Robert Kochan	2505 Millerbrook Drive	Deluth, GA 30097
Treas.	Robert Kochan	2505 Millerbrook Drive	Deluth, GA 30097

**REINSTATEMENT 9799 ITS**

8. Name and Address of Current Registered Agent

**Scott Mizener  
1281 North Ocean Drive,  
Suite # 177  
Singer Island, FL 33404**

9. Name and Address of Now Registered Agent

Name **Scott Mizener**

Street Address (P.O. Box Number is Not Acceptable)  
**1281 North Ocean Drive, Suite # 177**

Suite, Apt. #, Etc.

City **Singer Island** State **FL** Zip Code **33404**

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 \_\_\_\_\_ Date **9/22/99**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: \_\_\_\_\_ Date **9/22/99** (561) 881-3060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR