

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

00 NOV -3 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 993000017714

1. Corporation Name

Acme Supply, Inc.

2. Principal Office Address

265 SW Port St. Lucie Blvd.

Suite, Apt. #, etc.

unit 224

City & State

Port St. Lucie, FL.

Zip 34984

Country USA

3. Mailing Office Address

6555 Jimmy Carter Blvd.

Suite, Apt. #, etc.

building 2150

City & State

Worcross, GA.

Zip 30071

Country USA

REINSTATEMENT 00

4. Date Incorporated or Qualified To Do Business in Florida

3-01-93

5. FEI Number

65-0386006

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SR 75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert C. Kochan

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

2649 Lake Drive

Suite, Apt. #, Etc.

Unit 8

City Singer Island

State FL

Zip Code

33404

200003463862-5

11/15/00 01032-01

***750.00 ***750.00

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

R C Kochan

REGISTERED AGENT MUST SIGN

Date 10-31-00

LS

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
Pres	Robert C Kochan	3639 W. Peachtree rd	Atlanta, GA 30341
V.P.	Scott Mizener	2649 Lake Dr. Unit 8	Singer Island, FL 33404

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)(b), 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

R C Kochan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-00 (770) 452-8248

Date

Daytime Phone #