


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN -5 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 793000017714
1. Corporation Name
Acme Supply Inc.

REINSTATEMENT

05/07
\$450.00

2. Principal Office Address
411 Allison Dr.

3. Mailing Office Address
411 Allison Dr.

Suite, Apt. #, etc.

City & State
Atlanta, Ga.

City & State
Atlanta, Ga.

Zip
30342

Country
USA

Zip
30342

Country

4. Date Incorporated or Qualified To Do Business in Florida **03/04/93**

5. FEI Number **650386006**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee applies for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Scott Mizener

Street Address (P.O. Box Number is Not Acceptable)
2649 Lake Dr. 5

Suite, Apt. #, Etc.

City
Singer Island

State
FL

Zip Code
33404

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of Registered Agent _____

Date **3 Jan 2007**

REGISTERED AGENT MUST SIGN

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	Donna Kochan	411 Allison Dr.	Atlanta, Ga. 30342
Sec	Robert Kochan	411 Allison Dr.	Atlanta, Ga. 30342

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 contained in Chapter 119, 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: Donna Kochan

DATE: 1-3-2007

DAYTIME PHONE: 404-386-2303

January 3, 2007

c/k

To Whom It May Concern:

This letter is in reference to the reinstatement of Acme Supply. My husband was diagnosed with Leukemia in 2006 so needless to say our minds have been somewhere Else. We never received the paperwork to ~~reinstat~~^{Acme} the company so we ask of you to please waive the late and reinstatement fee. Enclosed is a self-addressed prepaid Envelope to be used to be mailed back. The sooner we receive this better. Thank You for your time and God Bless.

Sincerely,



Donna Kochan

PS: Thank you for you time. We are refine our chome & we are waiting for approval upon this document. to finalize. Money's is for Bill during Chemo. treatment.

God Bless -

