

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000050073

1. Corporation Name

ACME MERCHANDISE (MIAMI) CORPORATION

Principal Place of Business

Mailing Address

7145 W 20 AVE
HIALEAH FL 33014
US

7145 W 20 AVE
HIALEAH FL 33014
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/29/1994

5. FEI Number

65-0513264

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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	4 City / State / Zip
PD	CHEN, GEORGE CHI CHU	7145 W. 20TH AVE.	HIALEAH FL 33014
SD	CHANG, SUK MUY	7145 W. 20TH AVE.	HIALEAH FL 33014

800023970348
10/21/03--01061--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~CHANG, SUK MUY~~
7145 W 20 AVE
HIALEAH FL 33014

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-15-03

11. 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:

Suk Muy CHANG

10-15-03

(305)826-9199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23

ACME MERCHANDISE (MIAMI) CORPORATION
7145 W 20TH AVENUE
HIALEAH, FLORIDA 33014

October 15, 2003

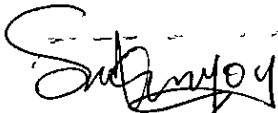
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Document #P94000050073

Dear Officer:

We have not received 2003 Uniform Business Report because we moved from Miami to Hialeah. Please accept the enclosed \$150.00 without penalty.

Sincerely,



Suk Muy Chang, Secretary