

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 27 PM 1:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *V 28286*

1. Corporation Name

ACIA of Miami, Inc

2. Principal Office Address

3. Mailing Office Address

6201 NW 24 AVE

6201 NW 24 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33147

USA

33147

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/14/92

5. FEI Number

65-0326537

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Raghada N. Fadel

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

800 N Miami Ave

Suite, Apt. #, Etc.

1701 East

City

Miami FL

State

FL

Zip Code

33136

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

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
<i>P</i>	<i>Raghada N Fadel</i>	<i>800 N Miami Ave</i>	<i>#1701 E, Miami, FL 33136</i>

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: *R. N Fadel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/02

Date

3056930203

Daytime Phone #

CR2E081 (9/01)

**A.G.A. OF MIAMI, INC.
6201 NW 24TH AVENUE
MIAMI, FL 33147**

November 13, 2002

Uniform Business Reports
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: UNIFORM BUSINESS REPORT
A.G.A OF MIAMI, INC.
F.E.I. # 65-0326537
DOCUMENT # V28286

Dear Sir/Madam:

Please be advised that we did not receive the pre printed/original Uniform Business Report Packet for 2002 for the above-mentioned corporation.

Enclosed please find a check in the amount of \$150.00 for the original fee with the signed report.

Thank you for your cooperation in this matter.

Sincerely,

R. Fadel

Raghad N Fadel
President

Enclosures