

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 627651

1. Corporation Name

ACC ASSOCIATES, INC.

97 DEC 23 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1010 N 12TH AVENUE
SUITE 201
PENSACOLA FL 32501
US

Mailing Address

1010 N 12TH AVENUE
SUITE 201
PENSACOLA FL 32501
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1979

5. FEI Number

59-1916600

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	RITZ, STEPHEN F	1010 N 12TH AVENUE, SUITE 201	PENSACOLA FL 32501
SD	RITZ, LOUISE B	1010 N 12TH AVENUE, SUITE 201	PENSACOLA FL 32501
V	RITZ, PAUL D	1010 N 12TH AVENUE, SUITE 201	PENSACOLA FL 32501

REINSTATEMENT 1997

500002384355-105

12/29/97-01061-013

****750.00 ****750.00

12/23/97

8. Name and Address of Current Registered Agent

FRITZ, STEPHEN F
1010 N 12TH AVENUE
SUITE 201
PENSACOLA FL 32501

TYPO
SHOULD BE
RITZ

9. Name and Address of New Registered Agent

Name

RITZ, STEPHEN F.

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

1010 N 12TH AVENUE, Suite 201

Suite, Apt. #, Etc.

PENSACOLA

State
FL

Zip Code
32501

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/11/97

11. This corporation owes or has paid 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/97 850-438-5911

Date

Daytime Phone #

CR25040 (8/97)