APPLICATION FOR کیر REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P96000019613 **DOCUMENT#**

1. Corporation Name

ACP PALM BEACH CORP.

Principal Place of Business

Mailing Address

249 ROYAL PALM WAY SUITE 301.

400 PARK AVENUE NEW YORK NY 10022

PALM BEACH FL 33480

FILED 00 DEC 15 PM 2: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA



| If above | addresses are incorrect in any way, line | through incorrect in | nformation a | nd enter co | errection below. | RET | TATEM | ENT | 00 | |
|---|--|--|---|--------------|--|---|-------------------|--------------------|---|--|
| | rincipal Office Address, If Applicable | | New Mailing Office Address, If Applicable | | | 4. Date Incorporated or Qualified To Do Business in Florida 03/04/1996 SP | | | | |
| Suite, Apt | appear, principes per = | Suite, Apt. #, etc. C/O AMERICAN CONT. | | | | 5. FEI Number | | 00/04/10 | Applied For | |
| City & Sta | te | City & State | | Þe | ROPERTIES | | 13-0340379 | | Not Applicable | |
| Zip | Country | Zip | | Country | | 6. CERTIFICATE | OF STATUS DESIRED | | itional Fee require tificate of Status | |
| 7. Names | and Street Addresses of Each Officer a | nd/or Director (Flo | rida nonprof | it corporati | ons must list at lea | st 3 directors) | | | | |
| Title(s) | Name of Officers and/or Directors 2 | | 3 | | et Address of Each er and/or Director | | 4 | City / State / Zip |) | |
| С | BODINI, DANIELE & D. | C/O ACP, INC. 400 PARK AVE. | | | NEW YORK NY 10022 | | | | | |
| P | KIGRIF, ROY E | * | C/O ACP, | INC. 400 | PARK AVE. | , | NEW YORK NY 10 | 0022 | | |
| S | VIEWER, JOHN D | | C/O ACP. | , INC. 40 | O PARK AVE. | | NEW YORK NY 10 | 0022 | · · | |
| | | | | | | O | | | | |
| | | | | | | | |)00108),00 ** | 3005 **750.00 | |
| | | | | | | | | | | |
| 8. Name and Address of Current Registered Agent | | | | | | 9. Name and Address of New Registered Agent | | | | |
| C T CORPORATION SYSTEM | | | | | NOTE T CORPORATION System | | | | | |
| 8751 WEST BROWARD BLVD. | | | | | 1200 : | ress (R.a. Box Muniber is Not Agreptable) Stand Rd. | | | | |
| PLANT | TATION FL 33324 | | | | Suite, Apt. #, Etc. | | | | | |
| | | | | | (Fity) | . t | | State Zip | ode | |

 α tation with and accept the obligations of Section 607.0505, F.S. **BARARA A. BURKE**

REGISTERED AGENT MUST SIGN

SIGNA

11.1 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 att 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: