


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P9800005B201			
1. Corporation Name A.C.R.E. INVESTMENTS, INC. OF MIAMI 12732 SW 91ST ST MIAMI, FLORIDA 33186			
2. Principal Office Address 12732 SW 91ST ST		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Same	
City & State MIAMI, FLORIDA		City & State Same	
Zip 33186	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 6/25/98		5. FEI Number 65-0851029	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name LEONOR T. MUCIANO			
Street Address (P.O. Box Number is Not Acceptable) 12732 SW 91ST ST			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33186
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 X Leonor Muciano		Date 5-22-06	
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
P	LEONOR MUCIANO	12732 SW 91ST	MIAMI, FL 33186
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: X Leonor Muciano		Date 5-22-06	Daytime Phone # 3054984328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED

06 MAY 26 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

03-06

200076207332

06/14/06--01042--025 **600.00

\$965

HURRICANE DISASTER
WAIVER ZIP CODE

PLEASE WAIVE 600⁰⁰ FEE

FOR A.C.R.E. INVESTMENTS, INC.

ATTACHED IS A CHECK FOR

REINSTATEMENT OF NEW COMPANY

A.C.R.E. INVESTMENTS, INC. OF MIAMI

Doc # P 98000058281. WE NEVER
RECEIVED A NOTICE !!

Thank you for your
consideration.

Sincerely
X Sebastian
305.4984328