

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

ACE PRESSURE , INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00



Susie et 2956

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 DEC 30 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PD7000038575					
1. Corporation Name ACE PRESSURE, INC.					
2. Principal Office Address - No P.O. Box # 18176 BLUE LAKE WAY Suite, Apt. #, etc.			3. Mailing Office Address 18176 BLUE LAKE WAY Suite, Apt. #, etc.		
City & State BOCA RATON, FLA		City & State BOCA RATON FL.			
Zip 33498	Country USA	Zip 33498	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 3/27/07					
5. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>807.0505 or 817.0504, F.S.</small>					
7. Name and Address of Current Registered Agent					
Name CORPORATION SERVICE COMPANY					
Street Address (P.O. Box Number is Not Acceptable) 1801 HAYS STREET					
Suite, Apt. #, Etc.					
City TALLAHASSEE		State FL		Zip Code 32301	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0504, F.S.					
Signature of Registered Agent Cynthia M Stroub ASST SECRETARY				Date 12-31-08	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
D	Robert Schwartz	18176 BLUE LAKE WAY		BOCA RATON, FL. 33498	
D	Robin Schwartz	18176 BLUE LAKE WAY		BOCA RATON, FL. 33498	
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 807 or 817, 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 807.0401 or 817.0401, 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 118, 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 		Robert Schwartz		Date 12/18/08 (561) 719-9086	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Day/Date Phone #	