

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 DEC -4 AM 11:44

DOCUMENT # P08000092156

1. Corporation Name

ACC General Services Corp.

100162255901  
10/28/09 01023 003 \$150.00

**REINSTATEMENT** 2009

2. Principal Office Address- No P.O. Box #

4828 N. State Rd 7

3. Mailing Office Address

2229B SW 66th Ave

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

2106

City & State

Coconut Creek FL

City & State

Boca Raton FL

Zip

33073

Country

US

Zip

33428

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

10/10/2008

5. FEI Number

26-3524950

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

Antonio C. Candeia

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

4828 N. State Rd 7

Suite, Apt. #, Etc.

305

City

Coconut Creek

State

FL

Zip Code

33073



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 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
P	Antonio C. Candeia	4828 N. State Rd 7 #305	Coconut Creek FL 33073
S			

09 B 12/4/09

10. E-mail Address: Info@documentosgerais.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/09 (561) 6741142

Date

Daytime Phone#