PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
~~Glenda E. Hood~~
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 17 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

800025540068
12/16/03--01081--010 **150.00

DOCUMENT # P02000063577

1. Corporation Name

ACUFIT PLUMBING SUPPLY, INC.

Principal Place of Business	Mailing Address
18832 NW 90TH AVE. MIAMI FL 33018	18832 NW 90TH AVE. MIAMI FL 33018

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

2. New Principal Office Address, If Applicable
7070 N.W 177 ST. #201
Suite, Apt. #, etc.
HIALEAH, FL.
City & State
33015
Zip | Country USA

3. New Mailing Office Address, If Applicable
~~P.O~~
Suite, Apt. #, etc.
7070 N.W 177 ST #201
City & State
HIALEAH, FL
Zip 33015 | Country USA

4. Date Incorporated or Qualified To Do Business in Florida
06/10/2002

5. FEI Number
04-3704885
☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~P~~	~~KWOCK, KEY P~~	~~18832 NW 90TH AVE.~~	~~MIAMI FL 33018~~
~~VP~~	~~KWOCK, WO Q~~	~~18832 NW 90TH AVE.~~	~~MIAMI FL 33018~~
P	KWOCK, WO QUAN	7070 N.W 177 ST. #201	Miami, FL 33015

8. Name and Address of Current Registered Agent

~~KWOCK, WO Q~~
~~18832 NW 90TH AVE.~~
~~MIAMI FL 33018~~

9. Name and Address of New Registered Agent

Name: KWOCK, WO QUAN
Street Address (P.O. Box Number is Not Acceptable)
7070 N.W 177 ST #201
Suite, Apt. #, Etc.
HIALEAH, FL 33015
City | State FL | Zip Code 33015

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 12.1.2003
REGISTERED AGENT MUST SIGN

11. 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 REQUIRED 12.1.2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone # 305-823-3996

AcuFit Plumbing Supply, Inc.
7070 NW 177 Street. #201
Hialeah, FL 33015

Division of Corporation
Attn: Annual Report/ Reinstatement Section
409 E. Gaines Street
Tallahassee, FL 32399

Dear Department of State:

I have spoke to one of your associates about my case and they asked me to put the reasons on writing.

I failed to file the Annual Report paper work for 2003 due to the company address has change. I did not receive the prior UBR notices package that you have sent out to us.

I have enclosed a check of $150 for the missed filing fee and to have the corporation status to be reinstated again.

I have also include in this letter a completed application for reinstatement and if you have any questions, please call me at (305) 823-3996 or email me: dannyonline_1999@yahoo.com

Document# P02000063577
FEI# 04-3704885

Thank you,

12.1.03

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