

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

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

3. New Mailing Office Address, If Applicable

~~TOTO NW 177 ST. #201~~

~~70~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~HIALEAH, FL.~~

~~TOTO NW 177 ST #201~~

City & State

City & State

~~33015~~

~~HIALEAH, FL~~

Zip

Country

~~USA~~

Zip

~~33015~~

Country

~~USA~~

4. Date Incorporated or Qualified
To Do Business in Florida

06/10/2002

5. FEI Number

Applied For

~~04-3704885~~

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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	TOTO NW 177 ST. #201	Miami, FL 33015

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name **KWOCK, WO QUAN**

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

TOTO NW 177 ST #201

Suite, Apt. #, Etc.

HIALEAH, FL 33015

City

State
FL

Zip Code

33015

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

REGISTERED AGENT MUST SIGN

Date

12.1.2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12.1.2003
305-823-3996

CR2E040 (7/03)

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.

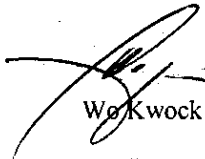
I failed to file the Annual Report paper work for 2003 due to the company address has change. I did not receive the prior UBR notices package that you have sent out to us.

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

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FEI# 04-3704885

Thank you,


W. Kwock



12.1.03