

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 13 AM 11:15

**DOCUMENT # 309768**

1. Corporation Name

**ACME INDUSTRIAL SHEET METAL INC**

Principal Place of Business

Mailing Address

555 WEST 18TH STREET  
HIALEAH FL 33010

555 WEST 18TH STREET  
HIALEAH FL 33010



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

4. Date Incorporated or Qualified To Do Business in Florida

10/05/1966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1151338

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
ST	KARP, MARCIA	555 W 18TH ST	HIALEAH FL 33010
D	KARP, ALAN	555 W 18TH ST	HIALEAH FL 33010

200023752002  
10/13/03--01073--022 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KARP, ALAN  
555 W 18TH ST  
HIALEAH FL 33010

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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

*Alan Karp*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/10/03

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:

*Alan Karp*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03  
Date

305-885-4943  
Daytime Phone #

CR2E040 (7/03)

**\*ACME INDUSTRIAL SHEET METAL, INC.**

555 West 18<sup>th</sup> Street  
Hialeah, Florida 33010  
E-mail: Acmemtl@aol.com

Phone (305) 885-4943  
Fax (305) 888-8640

October 10, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Re: Document # 309768  
FEI No 59-1151338

To Whom It May Concern:

After receiving your "Notice of Administrative Dissolution or Revocation" in the mail today we checked our records and we couldn't find evidence that we received either of your previous Uniform Business Reports.

If you checked our history you will find that we have always filed our Corporate Report on time.

Please find enclosed the completed Application for Reinstatement and the filing fee of \$150.00.

We hope that this clears up this matter.

Sincerely,  
Acme Industrial Sheet Metal, Inc.

  
Alan J. Karp  
President/Director