

ATTACHMENT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 10 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000001975

1. Corporation Name

ACE SERVICES OF NC, INC.

10/14/05 01065 021 \$150.00

500134910505
08/25/08--01053--006 **450.00
CR2E081 (12/07)

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

1443 OBJ Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 460

Suite, Apt. #, etc.

City & State

Dunn, NC

Zip

28334

Country

USA

City & State

Dunn, NC

Zip

28335

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/87

5. FEI Number
56-1557244

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

Johnetta Beavers

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

13451 Beechberry Drive

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33569

☒ 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 617.0503, F.S.

Signature of
Registered Agent

Johnetta Beavers

REGISTERED AGENT MUST SIGN

Date

8/14/08

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
Pres	Tracy L. Johnson	208 Trey Drive	Benson, NC 27504
VP	Kerry L. Johnson	41 Sandy Ridge Road	Dunn, NC 28334

REINSTATEMENT 05-08^{KS}

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 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 contained in Chapter 119, 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

Tracy L. Johnson

8/11/08

Date

910-892-2689

Daytime Phone #

ACE SERVICES, INC.

P.O. BOX 460

DUNN, NC 28335

Phone 910-892-2689

Fax 910-891-7149

Email: ace@asicontracts.com

September 2, 2008

Ms. Kathy Ashton
Regulatory Specialist II
Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Ashton:

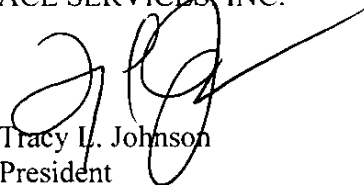
Please consider this our letter to ask for waiver of the reinstatement fee for failure to file annual reports due to not receiving the required information.

Also enclosed please find our signed corporation reinstatement form, letter dated August 8, 2008, and your Letter 408A00047554. If this does not complete what we need, please call us at 910-892-2689.

Thank you for your assistance in rectifying this matter.

Sincerely,

ACE SERVICES, INC.



Tracy L. Johnson
President

Enclosures