

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 SEP -9 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F10000003622

1. Corporation Name

ACRON U.S. MANAGEMENT, INC.

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

2424 E. 21ST STREET

Suite, Apt. #, etc.

STE 150

City & State

TULSA, OK

Zip

74114

Country

USA

3. Mailing Office Address

2424 E. 21ST STREET

Suite, Apt. #, etc.

STE 150

City & State

TULSA, OK

Zip

74114

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
8/10/2010

5. FEI Number

73-1576499

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

600276911576
09/09/15--01020--014 **\$00.00

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

Gregory E. Eick Lindsey Eick
REGISTERED AGENT MUST SIGN

Date 9/2/2015

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
PRESIDENT	GREG WILSON	2424 E. 21ST STREET, STE 150	TULSA, OK 74114

REINSTATEMENT

2014 2015

10. E-mail Address: AKL@ACRONUSA.COM

(To be used for future annual report notification)

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Gregory E. Eick

9/2/2015

(918) 587-9901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #