PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			1			OCT 214 CRETARY AHASSE			
DOCU	JMENT	# F	64406				1	٠	IMEL	MEMOGE	.E. (1.\/)	nų <i>n</i>
A.C.A. SERVICES INC.							REIN					00
2. Principal Office Address 5081 SW 28 AVENUE				3. Mailing Office Address			10/2	1/03	-01024 -01024	0 82 6 4017	**15(o.oo \
Suite, Apt. #, etc.				Suite, Apt. #, etc.			4. Date incom			1/2	5/1982	2
City & State DANIA BEACH FL			City & State			5. FEI Numbe	r 59	-2160	621	 	lied For	
Zip 33:	33312 Country U.S.A.		Α.	Zip Country		6. CERTIFICATE	OF STATL	S DESIREI		Additional a Certificate	Fee require	
	1			7. N	lame and	Address of Current Registe	red Agent					1
Name ALEKSANDER NADEL												
Street Address (P.O. Box Number is Not Acceptable) 5081 SW 28 AVENUE												
Suite, Apt. #, Etc.										_		
•	City	DANI	А ВЕАСН					State	Zip Co	33312		
8. I, being	appointed th	e registere	ed agent of the abo	ove named corpo	ration, am	familiar with and accept the o	obligations of section	on 607.05	05 or 617.	0503, F.S.		
Signature o Registered		<u> </u>	leal	~ N2	-se	<u> </u>		Date	101	230	5	
		=	R	EGISTERED AG	ENT MUS	SIGN						
9. Names	and Street A	ddresses		d/or Director (Flo	rida nonpro	ofit corporations must list at le		-				
Titles		Officer	Name of and/or Directors	.	Street Address of Eac Officer and/or Directo			City / State / Zip				

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 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.

5081 SW 28 AVENUE

PD

ALEKSANDER, NADEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEKSANDER NADEL

Daytime Phone #

DANIA BEACH FL 33312

required

200

A.C.A. SERVICES INC. 5081 SW 28 AVENUE DANIA BEACH FL 33312

October 23, 2003

Secretary of State Department of State Division of Corporations 409 East Gaines St. Tallahassee FL 32399

RE: Application for Reinstatement

Dear Sir:

Enclosed is my application for reinstatement along with my check for the annual fee of \$150.00.

I am requesting that the penalty be waived due to reasonable cause. During the year 2002 the corporation moved its business location and did not receive the 2003 Uniform Business Report.

As soon as it came to my attention, I submitted the reinstatement form.

Thank you in advance for your cooperation in this matter.

Sincerely,

A.C.A. SERVICES INC.

Maket Null

Aleksander Nadel

President

Enclosures