

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003694**

1. Corporation Name

A.C.X. PACIFIC, INC.

Principal Place of Business

Mailing Address

5691 VANTAGE HWY
ELLENSBURG WA 98926

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ELLENSBURG WA 98926

FILED

97 FEB 25 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96+97 mws

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/01/1995	
City & State		City & State		5. FEI Number	
Zip		Country		77-0240808	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DC	GILBERT, STEVEN	245 PARK AVE., 44TH FLOOR	NEW YORK NY 10167
DC	GOMBOS, MICHAEL N SR	2442 NW MARKET ST	SEATTLE WA 98107
DS	CONIGLIO, TERRY J	110 W OCEAN BLVD., STE C	LONG BEACH CA 90802
D	LEASHNO, MOSHE	5691 VANTAGE HWY	ELLENSBURG WA 98926
P	GOMBOS, JOHN	5691 VANTAGE HWY	ELLENSBURG WA 98926
V	GOMBOS, MICHAEL N JR	5691 VANTAGE HWY	ELLENSBURG WA 98926

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, WILFORD JR
17045 ORANGE DR
SPRING HILL FL 34610

Name
MIGUEL RAMIREZ
Street Address (P.O. Box Number is Not Acceptable)
5609 30th COURT EAST
Suite, Apt. #, Etc.
City
BRADENTON
State
FL
Zip Code
34203

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-28-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 10-25-96 509 962 7809