PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 31 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000003695**

1. Corporation Name

A.C.X. TRADING, INC.

Principal Place of Business	Mailing Address
5691 VANTAGE HWY ELLENSBURG WA 98926	5691 VANTAGE HWY ELLENSBURG WA 98926

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 1996 MWB 12/31/96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: **08/01/1995**

5. FEI Number: **77-0036978** ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $87.5 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DCP	GOMBOS, JOHN	5691 VANTAGE HWY	ELLENSBURG WA 98926
DCV	GOMBOS, MICHAEL N JR	5691 VANTAGE HWY	ELLENSBURG WA 98926
DS	CONIGILIO, TERRY J	110 W OCEAN BLVD., STE C	LONG BEACH CA 90802
D	LEASHNO, MOSHE	5691 VANTAGE HWY	ELLENSBURG WA 98926
T	RICKS, LARRY	5691 VANTAGE HWY	ELLENSBURG WA 98926

8. Name and Address of Current Registered Agent

RODRIGUEZ, WILFORD JR
17645 ORANGE DR
SPRING HILL FL 34610

9. Name and Address of New Registered Agent

Name: MIGUEL RAMIREZ
Street Address (P.O. Box Number is Not Acceptable): 5609 30th COURT EAST
Suite, Apt. #, Etc.:
100002046141--3
-01/03/97--01183--019
City: BRADENTON ****383 State: FL ZIP: 34203 ****383.75

CR2E040 (7/96)

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.

Signature of Registered Agent: _____ Date: 10.28.96
REGISTERED AGENT MUST SIGN

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

(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: Larry L. Ricks LARRY L. RICKS 10-26-96 5099627809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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