Florida Department of State

Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

ACS HOLDING SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/06)

DOCUMENT # F98000003743

1. Corporation Name

ACS HOLDING SYSTEMS, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3301 Bonita Beach Road		3301 Bonita Beach Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 101		Suite 101	
City & State		City & State	
Bonita Springs, FL		Bonita Springs, FL	
Zip	Country	Zip	Country
34134	USA	34134	USA

4. Date Incorporated or Qualified To Do Business in Florida 6/26/98

5. FEI Number 593518596 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Applies for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Richard Hutchinson

Street Address (P.O. Box Number is Not Acceptable): 3301 Bonita Beach Road

Suite, Apt. #, Etc.: Suite 101

City: Bonita Springs | State: FL | Zip Code: 34134

☐ 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 617.0505, F.S.

Signature of Registered Agent _____ Date 2/3/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	THOMAS HARRISON	3301 Bonita Beach Road, Suite 101	Bonita Springs, FL 34134
Secry	RICHARD HUTCHINSON	3301 Bonita Beach Road, Suite 101	Bonita Springs, FL 34134
Dir	DON E. ACKERMAN	3301 Bonita Beach Road, Suite 101	Bonita Springs, FL 34134
Dir	MATTHEW P. HOFFMAN	3301 Bonita Beach Road, Suite 101	Bonita Springs, FL 34134

REINSTATEMENT 07-09

10. I certify that I am an officer or director of 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: _____ President 2/3/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #