

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2006 DEC 11 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000001861

1. Corporation Name

Ace Relocation Systems, Inc.

2. Principal Office Address

5608 EASTGATE DRIVE

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SAN DIEGO, CALIFORNIA

City & State

Zip

92121

Country

USA

Zip

Country

**REINSTATEMENT**

04-06

4. Date Incorporated or Qualified  
To Do Business in Florida

10/7/1955

5. FEI Number

91-0652945

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

THOMAS WESTWOOD

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

13377 LAKE BUTLER BLVD

Suite, Apt. #, Etc.

City

WINTER GARDEN

State

FL

Zip Code

34787

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

Tom Westwood

Date

12/6/06

REGISTERED AGENT MUST SIGN

**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
CEO	Reginald T. Lammers	5608 Eastgate Dr	SAN DIEGO, CA 92121
President	Lawrence R. Lammers	5608 Eastgate Dr	SAN DIEGO, CA 92121
Vice President	Daniel J. Lammers	5608 Eastgate Dr	SAN DIEGO, CA 92121
Vice President	Kathleen R. Lammers	5608 Eastgate Dr	SAN DIEGO, CA 92121
CEO	William M. McBride	5608 Eastgate Dr	SAN DIEGO, CA 92121

601082435925  
12/11/06--01025--016 \*\*450.00

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 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:

Wm. McBride

12-6-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/12/06

212

12/6/06

To Whom It May Concern:

Please wave the reinstatement fee of \$600.00, as we never received the Corporation Form for the year 2004 through 2006. We have attached a check for \$450 for year 2004-2006 annual fee. If you have any questions, please contact me at (858) 677-5500 Ext 1023.

Thank you.

Anita Diep