

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000002060

1. Corporation Name

ASSOCIATED/ACC INTERNATIONAL, LTD. CORPORTATION

2. Principal Office Address
18 SIDNEY CIRCLE

3. Mailing Office Address
18 SIDNEY CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KENILWORTH, NJ

City & State

KENILWORTH, NJ

Zip

07033

Country

USA

Zip

07033

Country

USA

**4. Date Incorporated or Qualified--
To Do Business in Florida**

10/13/1927

5. FEI Number

13-4933340

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

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**

Janet Budhu, Asst. Vice President

Date 7/12/05

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
P	Richard Goodman	48 Kenilworth Drive	Shorthills, NJ 07078
CD	Frank Rosenberg	318 E 19th Street	New York, NY 10012
S	Angelo Mascelli	999 Valley Road	Clifton, NJ 07013

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Goodman

7/12/05

Date

908-686-6011

Daytime Phone #