

PLEASE READ ALL INSTRUCTIONS BEFORE COMI

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27 2000 8:00 am
Secretary of State

DOCUMENT # **J43283**

1. Corporation Name

ACL of LANTANA, INC.

2. Principal Office Address

4905 LANTANA ROAD

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLORIDA

Zip

33463

Country

PALEMBANG

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

Country

REINSTATEMENT

9900

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

5. FEI Number

59-274 9977

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

KERRY R SCHWENCKE

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

1209 NORTON OLIVE AVE

Suite, Apt. #, Etc.

City

W. P. B.

State

FL

Zip Code

33701

000003259980-5

-05/19/00--01103--037

******908.75 ****900.75**

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

REGISTERED AGENT MUST SIGN

Date **7/11/00**

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
Pres.	William Hamilton	4905 LANTANA ROAD	LAKE WORTH, FL. 33463
V. Pres.	FRANCIS SANTANGELO	4905 LANTANA ROAD	LAKE WORTH, FL. 33463
C.F.O.	Jim Riegler	9002 S.W. 152 ND STREET	MIAMI, FL. 33157

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:

William Hamilton William Hamilton 4/7/2000 561-641-0126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)