PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 13 PM 2:37

CORPORATION REINSTATEMENT 00/01 A182

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

DOCUMENT # K 32283

1. Corporation Name

Acrocrete, Inc.

2. Principal Office Address	3. Mailing Office Address
1259 N.W. 21ST ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH FL	City & State:
Zip: 33069 Country: BROWARD	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 9-2-88

5. FEI Number: 650076365 ☐ 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: HOWARD EHLER JR

Street Address (P.O. Box Number is Not Acceptable): 1259 N.W. 21ST ST.

Suite, Apt. #, Etc.:

City: POMPANO BEACH State: FL Zip Code: 33069

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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: H. L. Ehler Jr. Date: 5-10-01

REGISTERED AGENT MUST SIGN

CR2E081 (9/98)

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
PD	GARY HASBACH	1259 N.W. 21ST ST.	POMPANO BEACH FL 33069
VSD	HOWARD EHLER JR	5621 S.W. 8TH ST.	PLANTATION FL 33317

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: H. L. Ehler Jr. HOWARD L. EHLER JR 5-10-01 (954) 917-7665

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