

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

1998 FEB -6 PM 12: 38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K73138**

1. Corporation Name

**THE ACME GROUP, INC.**

Principal Place of Business

7251 BISCAYNE BLVD. 18425 NW 2ND AVE  
MIAMI FL 33138 Suite # 340  
US MIAMI, FL 33169

Mailing Address

7251 BISCAYNE BLVD. 18425 NW 2ND AVENUE #340  
MIAMI FL 33138  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

18425 NW 2ND AVE

Suite, Apt., etc.

340

City & State

MIAMI, FLA.

Zip

33169

Country

U.S.A.

3. New Mailing Office Address, If Applicable

18425 NW 2ND AVENUE

Suite, Apt., etc.

340

City & State

MIAMI, FLA

Zip

33169

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

03/16/1989

5. FEI Number

59-3008533

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.D.	ODEDIRAN, OLUREMI (PRESIDENT)	7251 BISCAYNE BLVD 18425 NW 2ND AVE # 340 MIAMI, FL 33169	MIAMI FL
S	ADETU, FRANK O. (V. PRESIDENT)	7251 BISCAYNE BOULEVARD 18425 NW 2ND AVE # 340 MIAMI FL 33169	MIAMI FL

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\*\*\*\*\*908.75 \*\*\*\*\*908.75

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

STEVEN M. ROSEN, ESQ.  
5601 BISCAYNE BLVD.  
MIAMI FL 33137

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

STEVEN M ROSEN 1/28/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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

ODEDIRAN 1/28/98 (305) 999-9001

Date

Daytime Phone #