

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

APPLICATION  
FOR  
REINSTATEMENT



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

1998 FEB -6 PM 12: 38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K73138**

1. Corporation Name  
**THE ACME GROUP, INC.**

Principal Place of Business Mailing Address  
7251 BISCAYNE BLVD. 18425 NW 2ND AVE SUITE #340  
MIAMI FL 33138 MIAMI, FL 33169  
US US



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

2. New Principal Office Address, If Applicable <b>18425 NW 2ND AVE.</b>		3. New Mailing Office Address, If Applicable <b>18425 NW 2ND AVENUE</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>03/16/1989</b>	
Suite, Apt., etc. <b>340</b>		Suite, Apt., etc. <b>340</b>		5. FEI Number <b>59-3008533</b>	
City & State <b>MIAMI, FLA.</b>		City & State <b>MIAMI, FLA</b>		Applied For Not Applicable	
Zip <b>33169</b>		Zip <b>33169</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Country <b>U.S.A.</b>		Country <b>USA.</b>			

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
			300002426743-4 -02/10/98--01059--002 ****908.750****908.75
<b>REINSTATEMENT</b>			

8. Name and Address of Current Registered Agent

STEVEN M. ROSEN, ESQ.  
5801 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 Zip Code  
FL

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

*STEVEN M ROSEN* 1/28/98

REGISTERED AGENT MUST SIGN

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

*Oluremi Odediran* 1/28/98 (305) 999-9001  
OLUREMI ODEDIRAN Date Daytime Phone #

CR2E040 (8/97)