

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 23 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K-79119

1. Corporation Name

Acarssa Air Conditioner Corp.

2. Principal Office Address

4531 West 10 Ave.

Suite, Apt. #, etc.

City & State

Hialeah- FL

Zip

33012

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

0500

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

04-10-89

5. FEI Number

65-0117866

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

Rosario Sanchez

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

4531 West 10 Avenue

Suite, Apt. #, Etc.

City

Hialeah

State
FL

Zip Code

33012

600003156276-6

03/03/00-01033-017

***1508.75 ***1508.75

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

Rosario Sanchez

REGISTERED AGENT MUST SIGN

Date 2-22-00

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
P.D.	Antonio Sanchez	4531 West 10 Avenue	Hialeah- FL 33012
V.D.	Rosario Sanchez	4531 West 10 Avenue	Hialeah- FL 33012

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:

Rosario Sanchez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-00 305-5586424

Date

Daytime Phone #