

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

04 JAN 21 AM 9:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

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01/21/04--01084--005 **200.00

1. **DOCUMENT #** L02000026521

Name and Mailing Address

0004157 01 AT 0.292 **AUTO T8 0 0615 32935-474544



ACS INNOVATIONS LLC
3444 PARTRIDGE CT.
MELBOURNE FL 32935-4745



1121

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/08/2002	
Principal Place of Business 3444 PARTRIDGE CT. MELBOURNE FL 32935	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 54-2079861	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SCOTT, ADAM 3444 PARTRIDGE CT. MELBOURNE FL 32935	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-22-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SCOTT, ADAM	3444 PARTRIDGE CT.	MELBOURNE FL 32935

REINSTATEMENT 2003-2004

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

SIGNATURE REQUIRED

Date 12-22-03 Daytime Phone # 321-427-4928

Typed or printed name of signing Managing Member/Manager

CR2034 (7/03)