

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JUN - 8 AM 9:33

SECRETARY OF STATE
ALLIANCE FLORIDA

DOCUMENT # **L91445**

1. Corporation Name

BERNADETTE ACLE INC.

900273515289
06/01/15--01022--018 **1208.75

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

5572 S.W. 18th ST.

Suite, Apt. #, etc.

WEST PARK FLA.

City & State

33023

Zip

Country

BROWARD

3. Mailing Office Address

520 NW 2ND AVE

Suite, Apt. #, etc.

HAIAADALE FLA.

City & State

33009

Zip

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

8/7/1990

5. FEI Number

650214945

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alfred Colebrook

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

10878 19th DRIVE SO.

Suite, Apt. #, Etc.

LANTANA

City

State

FL

Zip Code

33462

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

Alfred O Colebrook

REGISTERED AGENT MUST SIGN

Date

5/18/15

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	GAIL Victor	5572 SW 18 th ST.	W PARK, FLA. 33023
S/T	JEAN Victor	5572 SW 18 th ST	W PARK, FLA 33023
		S. HAWKES	
	REINSTATEMENT		JUN 4 - A.M.
	2012-2015	EXAMINER	

10. E-mail Address: **g.victor1152@gmail.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

GAIL Victor / GAIL Victor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/15

Date

(954) 793-2714

Daytime Phone