

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 12 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 94145**

1. Corporation Name

A. C. C., INC.

2. Principal Office Address

PO Box 2726

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 2726

Suite, Apt. #, etc.

City & State

PALE BEACH, FL

Zip Country

33480 USA

City & State

PALE BEACH, FL

Zip Country

33480

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4. Date Incorporated or Qualified
To Do Business in Florida

AUGUST 17, 1990

5. FEI Number

22-308575

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

Stephen FIVKSON

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

100 SUNKISS Ave

Suite, Apt. #, Etc.

423

City

Pale Beach

State

FL

Zip Code

33480

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

Stephen Fiverson

REGISTERED AGENT MUST SIGN

Date **4-3-01**

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
Pres	Peter FIVKSON	49 CENTRA Ave	S. KERNY NJ 07032

REINSTATEMENT 99-01

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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:

Peter Fiverson Peter FIVKSON

Date

4-3-01 973-344-3600

Daytime Phone # **X538**