

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 27 AM 11:40

DOCUMENT # M25629

1. Corporation Name

ACD Systems of America, Inc.

2. Principal Office Address

1150 NW 72nd Avenue

3. Mailing Office Address

1150 NW 72nd Avenue

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

2nd Floor

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida - 04/25/2003

5. FEI Number

592708011

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

Jorge Miranda

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

1150 NW 72nd Avenue

Suite, Apt. #, Etc.

2nd Floor

City

Miami, FL

State

FL

Zip Code

33126

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

REGISTERED AGENT MUST SIGN

Date

10/25/2004

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
D	Douglas Vandekerkhove	1150 NW 72nd Avenue, 2nd Floor	Miami, FL 33126
D	Larry Langs	1150 NW 72nd Avenue, 2nd Floor	Miami, FL 33126
D	Briony Bayer	1150 NW 72nd Avenue, 2nd Floor	Miami, FL 33126

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10/27/04--01059--003 **758.75

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:

Briony Bayer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 19/04

Date

(250) 544-6700

Daytime Phone #

04

11/1/00

CR2E081 (01/04)