

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **M87758**

1. Corporation Name

ACEVEDO, INC.

Principal Place of Business

**11050 SW 82 AVE
MIAMI, FL 33156**

Mailing Address

**P.O. Box 467061
ATLANTA, GA
31146**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0164516

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ACEVEDO, CARLOS M	154 SPRUCE ST ROSWEEL, GA 30075	ROSWEEL, GA 30075
TS	BITELMAN, RHEVA	154 ROSWEEL SPRUCE STREET	ROSWEEL, GA 30075
D	ACEVEDO, MANUEL J	11050 SW 82 AVE	MIAMI, FL 33156

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

CARLOS ACEVEDO

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

11050 SW 82 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33156

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Carlos Acevedo

REGISTERED AGENT MUST SIGN

Date

6-30-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

Carlos M. Acevedo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS M. ACEVEDO

6-15-99

Date

770 6500990

Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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CR2081 (12/98)