PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAR -6 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000022443

300005108153--4
-03/14/02--01052--027
****900.00 ****900.00

1. Corporation Name
Acorn Acquisitions Corp.

2. Principal Office Address	3. Mailing Office Address
411 Arbor Circle	P.O. Box #470923
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Celebration FL.	City & State: Celebration FL
Zip: 34747 Country: U.S.A.	Zip: 34747 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida 03/03/2000

5. FEI Number 59-3631179 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Leandro J. Obenauer
Street Address (P.O. Box Number is Not Acceptable): 411 Arbor circle
Suite, Apt. #, Etc.:
City: Celebration State: FL Zip Code: 34747

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: LO Date: 03/04/02
REGISTERED AGENT MUST SIGN

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
PS	Leandro J. Obenauer	411 Arbor Circle	Celebration FL 34747
VT	Karen F. Obenauer	411 Arbor circle	Celebration FL 34747
		REINSTATEMENT 01-0[illegible]TS	

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: LO March 4, 2002 407-933-0382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Leandro J. Obenauer / pres.