

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 18 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000039306

1. Corporation Name

A.C. DESIGNS

2. Principal Office Address

2719 NW. 30th AVENUE

3. Mailing Office Address

2719 NW. 30th AVENUE

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

LAUDERDALE LAKES

City & State

LAUDERDALE LAKES

Zip

33311

Country

Zip

33311

Country

REINSTATEMENT

02-05

W05000008650

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1009502

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

ANDREAS PALAMARAS

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

2719 NW. 30th AVENUE

Suite, Apt. #, Etc.

N/A

City

LAUDERDALE LAKES

State
FL

Zip Code
33311

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 02-07-2005

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
✓	STELA BOURNIAS	3200 PALM AIR DR. APT: 802	POMPANO BEACH, FL 33069
P	ANDREAS PALAMARAS	3200 PALM AIR DR. APT: 802	POMPANO BEACH, FL 33069
S	Petr Patrino	6229 NE 8th Ave	Pt Lauderdale, FL 33334

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:

ANDREAS PALAMARAS

02-07-2005

954.730.9026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

FROM : A. P. R. P. Locksmith.

FAX NO. : 954 776 0602

Feb. 18 2005 12:52PM P2/2

PS 2: 82

A.C. DESIGNS
2719 N.W. 30th Avenue
Lauderdale Lakes, FL 33311
Phone: 954.730.9027
Fax: 954.730.9027

February 7, 2005

Department of State
Division of Corporation
P.O. Box # 6327
Tallahassee, FL 32314

To Whom It May Concern:

A.C. Design has not received the annual report and the reports from 2002-2005.
We would like the fee to be waived.

Thank you so much for your help with this situation.

Sincerely,



Peter Patrin
Secretary