

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

page 1 of 2

FILED

02 JAN 29 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000096753

1. Corporation Name

A.C. BLOCK, CORP.

Principal Place of Business

7211 W 24 AVE LOT 2216
HIALEAH FL 33016

Mailing Address

7211 W 24 AVE LOT 2216
HIALEAH FL 33016

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/2000

5. FEI Number

05-1049293

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	ALVARADO, CESAR	7211 W 24 AVE LOT 2216	HIALEAH FL 33016

500004882955--5
-02/06/02--01023--014
****150.00 ****150.00

01-02 u3r2178

8. Name and Address of Current Registered Agent

ALVARADO, CESAR
7211 W 24 AVE LOT 2216
HIALEAH FL 33016

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

1/21/02

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/02

CR2E040 (8/01)

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A.C. BLOCK CORP.
7211 WEST 24TH AVE. LOT.2216
HIALEAH, FL 33016
(786) 586-4611

January 21, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT / REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

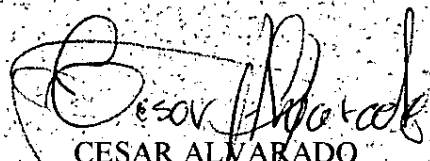
REF: Document # P00000096753

To whom it may concern:

Enclosed please find my completed re-instatement application for my corporation
A.C. Blocks located at 7211 West 24th Avenue Lot 2216, Hialeah, Florida 33016.

My corporation dues were not sent because of the fact that I never received my Uniform
Business Report. I am also enclosing ^{to which} with my application fee a copy of the canceled
check sent last year and a check in the amount of \$ 150.00 for the current year. It would
be greatly appreciated that you waive the Reinstatement Fees and Penalties.

Thanking you in advance for your prompt attention,


CESAR ALVARADO
President