

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		FILED 04 AUG 31 AM 11:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
DOCUMENT # P01000088810																													
1. Corporation Name ACACIA'S CORP																													
2. Principal Office Address 15295 SW PALMETTO LAKE DR Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 9/10/2001 5. FEI Number 59-6489627 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																									
City & State MIAMI, FL		City & State																											
Zip 33157	Country	Zip	Country																										
7. Name and Address of Current Registered Agent Name INDIRA MORALES Street Address (P.O. Box Number is Not Acceptable) 510 W 66 ST Suite, Apt. #, Etc. City HIALEAH																													
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 Date 8/31/2004 <div style="text-align: center; margin-top: 10px;"> REGISTERED AGENT MUST SIGN </div>																													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / Street / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>INDIRA MORALES</td> <td>510 W 66 ST</td> <td>HIALEAH, FL 33012</td> </tr> <tr> <td>VP</td> <td>NORA VILA</td> <td>950 W 37 ST</td> <td>HIALEAH, FL 33012</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / Street / Zip	P	INDIRA MORALES	510 W 66 ST	HIALEAH, FL 33012	VP	NORA VILA	950 W 37 ST	HIALEAH, FL 33012												
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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: INDIRA MORALES, PRESIDENT 8/31/2004 (305) 251-1344 <div style="display: flex; justify-content: space-between; font-size: small;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>																													