

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 19 PM 12:26

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PO1000112341

1. Corporation Name

A & C Contract INC
7045 NW 41 STREET
MIAMI, FL 33166

2. Principal Office Address - No P.O. Box #

7045 NW 41 STREET

3. Mailing Office Address

7045 NW 41 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

33166

Country

FL

Zip

33166

Country

FL

**4. Date Incorporated or Qualified
To Do Business in Florida**

2002

5. FEI Number

051155762

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

LINDA ABCD

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

7045 NW 41 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Linda ABCD

Date

4/24/08

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
	Linda ABCD	7045 NW 41 ST	MIAMI, FL 33166

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 contained in Chapter 119, 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:

Linda ABCD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/08

305-915-1341
Daytime Phone #

I HAVE NEVER RECEIVED THE NOTICE OF ADDRESS HAS CHANGED FROM
10205 NW 7th TO 7045 NW 41st MIAMI, FL 33166.