PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

03 DEC 17 AM 11:52 **DIVISION OF CORPORATIONS** P02000063577 DOCUMENT # 1. Corporation Name ACUFIT PLUMBING SUPPLY, INC. REINSTATIONENT Principal Place of Business Mailing Address 18832 NW 90TH AVE. 18832 NW 90TH AVE. MIAMI FL 33018 MIAMI FL 33018 800025540068 If above addresses are incorrect in any way, line through incorrect information and enter correction below. ·010 -**150.00 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified 105# TETFI WIN OTOF To Do Business in Florida 7**2**0 06/10/2002 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number TTI. WIM OFOT Applied For HIALEAH City & State Not Applicable 3015 \$8.75 Additional Fee required Country USA for a Certificate of Status usA O15 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director 18832 NW-90TH-AVE MIAMI-FL-33018-Kwock. Key P AP. MIAMI-FL 33018-KWOCK, WO Q 18832 NW 90TH AVE P KWOCK, WO QUAN MIAMI, FL 33015 #201 TETFI WIN OFBT. 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Kwock, QUAN Street Address (P.O. Box Number is Not Acceptable 1070 Suite, Apt, #, Etc 33015 HIAL City 3301.5 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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

FILED

11.1 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 filling 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

Division of Corporation Attn: Annual Report/ Reinstatement Section 409 E. Gaines Street Tallahassee, FL 32399

Dear Department of State:

I have spoke to one of your associates about my case and they asked me to put the reasons on writing.

I failed to file the Annual Report paper work for 2003 due to the company address has change. I did not receive the prior UBR notices package that you have sent out to us.

I have enclosed a check of \$150 for the missed filing fee and to have the corporation status to be reinstated again.

I have also include in this letter a completed application for reinstatement and if you have any questions, please call me at (305) 823-3996 or email me: dannyonline_1999@yahoo.com

Document# P02000063577 FEI# 04-3704885

Thank you,

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