

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000076684

1. Corporation Name

Ace Framing, Inc.

REINSTATEMENT 03

400024853794
11/19/03--01029--027 **150.00

2. Principal Office Address

10412 Bloomingdale Ave
Suite, Apt. #, etc.

3. Mailing Office Address

10412 Bloomingdale Ave.
Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33564-3674

Country

Hillsborough

City & State

Riverview, FL

Zip

33564-3674

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

010751934

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

Robert Smith

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

10412 Bloomingdale Ave

Suite, Apt. #, Etc.

City

Riverview

State
FL

Zip Code
33564

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

X Robert Smith

REGISTERED AGENT MUST SIGN

Date 11/10/03

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
Pres	Robert Smith	10412 Bloomingdale Ave	Riverview, FL 33564-3674

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:

X Robert Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Smith

Robert Smith

Date

11/10/03

Daytime Phone #

X 813-299-2408

CR2E081 (10/02)

ACE FRAMING, INC.
10412 BLOOMINGDALE AVE
RIVERVIEW, FL 33569

October 31, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Request for Waiver of Reinstatement Fee

To Whom It May Concern:

I have recently been informed that my corporation has been listed as being inactive because of Admin Dissolution For Annual Report. When I received this information I started checking and have concluded that I never received a notice as required by the statute.

I have received all of my mail and have fairly good records, which have been reviewed and examined, and there was no notice received. Because of an extremely busy schedule, I have assigned the administrative tasking to a consultant who also checked and could not locate any notices.

Respectfully, I plea to the Division to waive the required reinstatement fee.

If consideration is given and the waiver request is honored, please find attached a newly completed annual report and the required fee.

Thanking you in advance for your understanding and consideration of this pleading/request.

Sincerely,

Robert Smith

Robert Smith, President
Ace Framing, Inc.