

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL -3 AM 11:19

STATE
ALLIANCE, FLORIDA

REINSTATEMENT 06-07

DOCUMENT # P02000083590

1. Corporation Name

A-C R L E Enterprises, Inc.

2. Principal Office Address

900 West 44th Street

3. Mailing Office Address

900 West 44th Street

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Mialeah, Florida

City & State

Mialeah, Florida

Zip

33012

Country

USA

Zip

33012

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

08/01/2002

5. FEI Number

26-0453621

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

Carlos A. Rodriguez

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

15432 SW 77th Circle Ln

Suite, Apt. #, Etc.

Apt 111

City

Miami

State

FL

Zip Code

33193

400105623421
07/06/07-01020-013 ***00.00

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

[Signature]

Date 6/20/2007

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
<u>P.V.T.S</u>	<u>Alfredo M. Rodriguez</u>	<u>900 West 44th Street</u>	<u>Mialeah, FL 33012</u>
	<u>[Signature]</u>		

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:

Alfredo M. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/2007
Date

Daytime Phone #

DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UPDATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEAR OF 2006 & 2007 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREE TO CONTACT US.

CORDIALLY YOURS,



ALFREDO M. RODRIGUEZ

P/V/T/S