

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 24 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000040313

1. Corporation Name

A and C Partners Incorporated

2. Principal Office Address

10683 NW 48th Street

Suite, Apt. #, etc.

3. Mailing Office Address

10683 NW 48th Street

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip

33076

Country

United States

City & State

Coral Springs, Florida

Zip

33076

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/2003

5. FEI Number

030513875

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Anthony Cuccia

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

10683 NW 48th Street

Suite, Apt. #, Etc.

City

Coral Springs,

State

FL

Zip Code

33076

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

Anthony Cuccia

REGISTERED AGENT MUST SIGN

Date March 21, 2005

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
President	Calvin Dodd	10683 NW 48th Street	Coral Springs, Florida 33076
Vice President	Anthony Cuccia	1302 Maplewood Drive	Greenwood, Florida 33419

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:

Anthony Cuccia / Anthony Cuccia

March 21, 2005 561-723-4454

Date

Daytime Phone #

A and C Partners Incorporated

10683 NW 48 Th Street
Coral Springs, Florida 33076
561-723-4452-Mobile/Office
954-341-6426-Fax

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
[Http://www.sunbiz.org](http://www.sunbiz.org)
(850) 245-6059

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March 21, 2005

Dear Reinstatement section.

I am writing this letter to inform you that I would like to reinstate my corporation in the State of Florida. I would like the \$600.00 fee waived due to your office sending the 2004 form for my annual report to the incorrect address which you have on file listed as 703 Buttonwood Lane Boynton Beach, Florida 33436. I have not conducted business there since 2003 and therefore never received the form at my new address. My correct address is listed as 10683 NW 48 Th Street Coral Springs, Florida 33076.

I have attached a check for \$ 300.00 to cover the annual report fees from 2004 to 2005 currently. I appreciate your assistance and look forward in having this matter resolved as soon as possible.

Thank you again and have a great day.

Sincerely Yours,



Anthony Cuccia
Vice President of A and C Partners Incorporated.