


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 DEC -4 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000091858

1. Corporation Name

ACT Enterprises INC.

2. Principal Office Address

3312 33rd St W

Suite, Apt. #, etc.

3. Mailing Office Address

3312 33rd St W

Suite, Apt. #, etc.

City & State

Bradenton, FL, 34205

Zip

34205

Country

U.S.A.

City & State

Bradenton, FL, 34205

Zip

34205

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

8-18-2003

5. FEI Number

200228019

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Christopher Ladd

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

3312 33rd St W

Suite, Apt. #, Etc.

City

Bradenton

State
FL

Zip Code

34205

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

Christopher Ladd
REGISTERED AGENT MUST SIGN

Date

11-15-2006

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
P/S	Christopher Ladd	3312 33rd St W	Bradenton, FL, 34205
V/T	Joe Brockschmidt	3612 18th St W	Lehigh Acres, 33971
D	Ada Reington	477 Hillcrest Lane	Ellenton, FL, 34222

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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:

Christopher Ladd

Christopher Ladd

11-15-06

941-773-9251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell DEC - 4 2006