

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

05 DEC 13 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800062511878
12/30/05--01052--021 **300.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~P03000100188~~
1. Corporation Name **P03000122586**
ACME BUILDING CONTRACTORS, CORP.

2. Principal Office Address
6525 SW 48TH ST

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33155

Country
USA

3. Mailing Office Address
6525 SW 48TH ST

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33155

Country
USA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida **10-30-2003**

5. FEI Number ☒ 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
HECTOR OBREGON

Street Address (P.O. Box Number is Not Acceptable)
6525 SW 48TH ST

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33155

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

REGISTERED AGENT MUST SIGN

Date **12-11-2005**

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
P	HECTOR OBREGON	6525 SW 48TH ST	MIAMI, FL 33155
V	ALEXANDER MONTERO	6311 SW 6TH ST	MIAMI, FL 33144

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-11-2005

Date

Daytime Phone #

DEC 13 2005

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

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2004 & 2005 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. 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 PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



HECTOR OBREGON
PRESIDENT