

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**09 JAN 27 AM 10:59**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000084272**

1. Corporation Name

**ACMC ENTERPRISES, INC.**

**000142157760**  
01/27/09--01016--012 \*\*750.00

CR2E081 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 7380 SAND LAKE ROAD Suite, Apt. #, etc. SUITE 500 City & State ORLANDO, FLORIDA Zip 32819		<b>3. Mailing Office Address</b> 7380 SAND LAKE ROAD Suite, Apt. #, etc. SUITE 500 City & State ORLANDO, FLORIDA Zip 32819	
Country	US	Country	US

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 5/26/2004	
<b>5. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

Name <b>ANDREW CANNON</b>			
Street Address (P.O. Box Number is Not Acceptable) 7380 SAND LAKE ROAD			
Suite, Apt. #, Etc. SUITE 500			
City	State	Zip Code	
ORLANDO	FL	32819	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

Date 1/27/2009

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
CEO	ANDREW CANNON	7380 SAND LAKE RD, SUITE 500	ORLAND, FL 32819

**REINSTATEMENT**

0509

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2009

Date

Daytime Phone #

WILLIAMS

DEC 27 2008