

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED 142

07 FEB 13 PM 4:08

DOCUMENT # P05000090336

1. Corporation Name

ACE PRODUCTS + MAINTENANCE CO. INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100089583071

02/27/07--01020--006 **150.00

REINSTATEMENT

06-07

2. Principal Office Address - No P.O. Box #

3000 S. HWY 77

Suite, Apt. #, etc.

UNIT #239

City & State

LYNN HAVEN, FL

Zip

32444

Country

USA

3. Mailing Office Address

341 MASSALINA DR.

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

Zip

32401

Country

USA

4/12/06 90078 011 \$150.00
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

6/24/05

5. FEI Number

20-3217094

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

JOSEPH CHERNOCK

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

341 MASSALINA DR.

Suite, Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32401

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

Joseph S Chernock
REGISTERED AGENT MUST SIGN

Date

2/9/07

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	JOSEPH CHERNOCK	341 MASSALINA DR.	PANAMA CITY, FL 32401
VP	BRUCE HOGG	341 MASSALINA DR.	PANAMA CITY, FL 32401
S	JAMES ROEBUCK	1522 MULBERRY AVE.	PANAMA CITY, FL 32405

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:

Joseph S Chernock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/9/07

Daytime Phone #

(850) 527-0685

JOSEPH S. CHERNOCK

**ACE PRODUCTS & MAINTENANCE CO. INC.
341 MASSALINA DRIVE
PANAMA CITY, FL 32401
(850) 527-0685**

2/9/07

February 9, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document #P05000090336
Reinstatement

To Whom It May Concern:

Per my conversation with your office, please accept this as verification that I never received the notice sent to me stating that the annual report for 2006 was not signed when it was sent to you. The notice was sent to the incorrect address. I am, per your instructions, enclosing a Corporation Reinstatement form along with a check in the amount of \$150.00 for 2007 as the reinstatement fee has been waived.

I appreciate your help in this matter. Should you need any other information, please don't hesitate to contact me at the above address and/or telephone number.

Respectfully,



Joseph Chernock
President

Enclosures