

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 NOV 29 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000034480

1. Corporation Name

AC TRENCH CORP

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

14905 SW 80TH ST

3. Mailing Office Address

14905 SW 80TH ST

Suite, Apt. #, etc.

217

Suite, Apt. #, etc.

217

City & State

MIAMI

City & State

MIAMI

Zip

33193

Country

USA

Zip

33193

Country

USA

500188169705
11/29/10--01058--002 **\$900.00

CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida **04/03/2008**

5. FEI Number

26-2375558

☐ 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

ARIEL DAMIAN CANALS

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

14905 SW 80TH ST

Suite, Apt. #, Etc.

217

City

MIAMI

State

FL

Zip Code

33193

REINSTATEMENT

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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

ARIEL D Canals

Date **11/19/2010**

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
P	ARIEL DAMIAN CANALS	14905 SW 80TH ST # 217	MIAMI, FL. 33193

REINSTATEMENT-10

10. E-mail Address: **CORP@BASFERACCT.COM**

(To be used for future annual report notification)

11. 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. I further certify, 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:

ARIEL D Canals

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/2010

Date

786/537-2575

Daytime Phone #