2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 07, 2009
Secretary of State

DOCUMENT# P08000054741

Entity Name: ACROBRANCHE U.S. INC.

Current Principal Place of Business:

3755 NW HIGHWAY 17-92
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 470399
LAKE MONROE, FL 32747

New Mailing Address:

FEI Number: 77-0722113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

BATTEN, TINA
3755 NW US HWY 17-92
DENSCH DISCOVERY CENTER
SANFORD, FL 32771 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TINA BATTEN 12/07/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: SMITH, MIKE
Address: P.O. BOX 470399
City-St-Zip: LAKE MONROE, FL 32747

Title: PRES ( ) Delete
Name: SMITH, MIKE
Address: P.O. BOX 470399
City-St-Zip: LAKE MONROE, FL 32747

Title: VP ( ) Delete
Name: SMITH, MIKE
Address: P.O. BOX 470399
City-St-Zip: LAKE MONROE, FL 32747

Title: SEC ( ) Delete
Name: SMITH, MIKE
Address: P.O. BOX 470399
City-St-Zip: LAKE MONROE, FL 32747

Title: REA ( ) Delete
Name: SMITH, MIKE
Address: P.O. BOX 470399
City-St-Zip: LAKE MONROE, FL 32747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change ( ) Addition
Name: SMITH, MIKE
Address: P.O. BOX 470399
City-St-Zip: LAKE MONROE, FL 32747

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE SMITH PRES 12/07/2009
Electronic Signature of Signing Officer or Director Date