

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 OF 2

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra S. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

NOTICE  
AND  
FILED  
96 OCT 24 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P92000009299**

1. Corporation Name

**ACE COMMUNICATIONS, INC.**

Principal Place of Business

2137 N. COURTENAY PKWY.  
MERRITT ISLAND FL 32953

Mailing Address

2137 N. COURTENAY PKWY.  
MERRITT ISLAND FL 32953

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/04/1992	
City & State		City & State		5. FEI Number	
Zip		Country		59-3161123	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	LANGSTON, TIMOTHY S	965 BATIA ST. MOVED 355 INLET AVE MT	MERRITT ISLAND FL 32953
			700001990967--3 10/30/96--01096--015 ****225.00 ****225.00

8. Name and Address of Current Registered Agent

LANGSTON, TIMOTHY S  
965 BATIA ST.  
MERRITT ISLAND FL 32953

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Timothy S. Langston*  
REGISTERED AGENT MUST SIGN

Date 10-14-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

*Timothy S. Langston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

10-14-96 407-453-8118

1523500

DIVISON OF CORPORATIONS,

AFTER APPLYING FOR CREDIT IT WAS BROUGHT TO MY ATTENTION THAT OUR COMPANY CORPORATION WAS DISSOLVED FOR NON- PAY,AFTER RESEARCHING THIS MATTER I FOUND OUT OUR CHECK WAS SENT BACK WITH AN INCORRECT ADDRESS AND WAS LOST IN OUR OFFICE UNTIL I WAS AWARE OF OUR STATUS AND STARTED TO LOOK FOR THE CORPORATION LETTER,THEN I CALLED YOUR OFFICE THEY INSTRUCTED ME TO SEND A NEW CHECK AND THIS LETTER, PLEASE FORGIVE OUR INCOMPETENCE.

THANKS MANAGMENT