


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>793000017714</u>			
1. Corporation Name <u>Acme Supply Inc.</u>			
2. Principal Office Address <u>411 Allison Dr.</u>		3. Mailing Office Address <u>411 Allison Dr.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Atlanta, Ga.</u>		City & State <u>Atlanta, Ga.</u>	
Zip <u>30342</u>	Country <u>USA</u>	Zip <u>30342</u>	Country
4. Date Incorporated or Qualified To Do Business in Florida <u>03/04/93</u>		5. FEI Number <u>650386006</u>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			
Name <u>Scott Mizener</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>2649 Lake Dr. 5</u>			
Suite, Apt. #, Etc.			
City <u>Singer Island</u>		State <u>FL</u>	Zip Code <u>33404</u>
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 <u>[Signature]</u>		Date <u>3 Jan 2007</u>	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	<u>Donna Kochan</u>	<u>411 Allison Dr.</u>	<u>Atlanta, Ga. 30342</u>
Sec	<u>Robert Kochan</u>	<u>411 Allison Dr.</u>	<u>Atlanta, Ga. 30342</u>
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: <u>[Signature]</u>		Date <u>1-3-2007</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>404-386-2303</u>	

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TALLAHASSEE, FLORIDA

REINSTATEMENT

01/05/07 01046 003 - \$450.00

CR2E081 (12/05)

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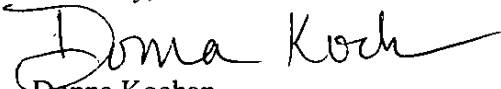
January 3, 2007

c/k

To Whom It May Concern:

This letter is in reference to the reinstatement of Acme Supply. My husband was diagnosed with Leukemia in 2006 so needless to say our minds have been somewhere Else. We never received the paperwork to ^{reinst}reinst the company so we ask of you to please waive the late and reinstatement fee. Enclosed is a self-addressed prepaid Envelope to be used to be mailed back. The sooner we receive this better. Thank You for your time and God Bless.

Sincerely,


Donna Kochan

PS: Thank you for your time. We are refining our choice & we are waiting for approval upon this Document. to finalize. Money's is far Bill during Chemo. treatment.

God Bless -

