

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC -7 PM 5: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000026375

1. Corporation Name

ACH Associates of Florida, Inc
10221-SW-103 CT
MIAMI, FLA, 33176

2. Principal Office Address

10221-SW-103 CT

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33176

Country

U.S.A

3. Mailing Office Address

10221-SW-103 CT

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33176

Country

U.S.A

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/08/93 SP

5. FEI Number

650643821

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

Aurelio Alonso

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

715-West-29 St

Suite, Apt. #, Etc.

6

City

Hialeah

State

FL

Zip Code

33012

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

Aurelio Alonso

Date

12/04/00

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	Aurelio Alonso	715-West-29 St #6	Hialeah, FLA, 33012
ST	Aurelio Alonso	715-West-29 St #6	Hialeah, FLA, 33012
V-D	Pedro Rodriguez	11011-W. Ockeechobee Rd	Hialeah Gardens, FL, 33014

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 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:

Aurelio Alonso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-04-00

Date

305-805-0493

Daytime Phone #

CR2E081 (9/99)