

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 23 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000041831

1. Corporation Name

AFFORDABLE COMMUNICATIONS PLUS, INC.

Principal Place of Business

5092 COCONUT CREEK PKWY
MARGATE FL 33063
US

Mailing Address

5092 COCONUT CREEK PKWY
MARGATE FL 33063
US

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

06/07/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0430622

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VSD	YANCEY, JOHN	691B KATHY LANE	MARGATE FL 33068
PTD	VEERASAMMY, SHAWN	3500 NW 84TH TERRACE	CORAL SPRINGS FL 33065

100003457351--8
-11/06/00-01062--006
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VEERASAMMY, SHAWN
3500 NW 84TH TERRACE
CORAL SPRINGS FL 33065

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-16-00 LS

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-00 924-984-9195

CR2E040 (8/00)

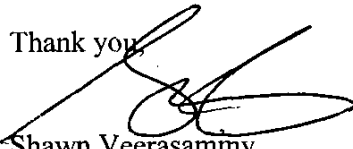
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AFFORDABLE COMMUNICATIONS PLUS, INC
5092 COCONUT CREEK PARKWAY
MARGATE, FL 33063

To Whom It May Concern:

Per our conversation on the telephone on 10-17-00. I did indeed send a Check for \$150.00 in February 8, 2000. Unfortunately, I verified with our bank that The check was not clear. This check was lost in the mail.
Please I would really appreciate if you can accept this replacement check.
I will call in about 10 days to verify if you received it.

Thank you,


Shawn Veerasammy
President

10/17/00