

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		APPROVED AND FILED 97 APR 28 AM 9:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # P43000060052																																	
1. Corporation Name ACS EQUIPMENT, INC 131 TOMAHAWK DR #220 JHB, FL 32937 JAN 7-9/00																																	
Mailing Address SAME Principal Place of Business																																	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				DO NOT WRITE IN THIS SPACE																													
2. New Mailing Address, If Applicable 1025 SO SEMINOLE Suite, Apt. #, etc. 1093 City & State WINTER PARK FL Zip 32792 Country USA		3. New Principal Office Address, If Applicable Suite, Apt. #, etc. SAME City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 10/93																													
				5. FEI Number 59-3200340 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)																																	
<table border="1"><thead><tr><th>Title(s)</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>Pres</td><td>ROBERT COLE</td><td>3200 IDEALWOOD AVE</td><td>WINTER PARK 32792</td></tr><tr><td>V. Pres</td><td>MIKE FISCHER</td><td>N/A</td><td>700002164507--5 -05/02/97--01137--010 ***1080.00 ***1080.00</td></tr><tr><td>Sec</td><td>STEVE MCGANN</td><td>N/A</td><td>700002164507--5 -05/02/97--01137--011 *****8.75 *****8.75</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	Pres	ROBERT COLE	3200 IDEALWOOD AVE	WINTER PARK 32792	V. Pres	MIKE FISCHER	N/A	700002164507--5 -05/02/97--01137--010 ***1080.00 ***1080.00	Sec	STEVE MCGANN	N/A	700002164507--5 -05/02/97--01137--011 *****8.75 *****8.75												
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8. Name and Address of Current Registered Agent JAMES A FALLACE P.A. 1900 So Hickory St			9. Name and Address of New Registered Agent Name JAMES A FALLACE P.A. Street Address (P.O. Box Number is Not Acceptable) 900 So. Hickory Street Suite, Apt. #, etc. 1093 City WINTER PARK State FL Zip Code 32901																														
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] Date 4/28/97 REGISTERED AGENT MUST SIGN																																	
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)																																	
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)																																	
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/21/97 Daytime Phone 671-8851																													