

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

08 JAN 18 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08^{KS}
CR2E081 (12/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 794 600 038 759
1. Corporation Name
Michael Acquaro, INC.

2. Principal Office Address - No P.O. Box #
355 W. Granada Blvd

3. Mailing Office Address
170 STANDISH Drive

Suite, Apt. #, etc.

City & State
Ormond Beach, FL.

City & State
Ormond Beach, FL.

Zip
32174 Country
U.S.A.

Zip
32176 Country
U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
5-24-1994

5. FEI Number
593243130

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
Michael Acquaro

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

Suite, Apt. #, Etc.

City
Ormond Beach State
FL Zip Code
32176

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
Michael Acquaro Date
1-12-08

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	Michael Acquaro	170 Standish Drive	Ormond Beach, FL. 32176

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01/18/08--01025--016 **458.75

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: **Michael Acquaro** Date
1-12-08 386-441-6695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #