

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 DEC 31 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P94000069573

1. Corporation Name

ACR Acquisitions, Inc.

REINSTATEMENT 99-01

2. Principal Office Address

3800 N. Powerline Road

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

71 North Mt. Vernon Ave.

Suite, Apt. #, etc.

Attn: Bryan Ponzurick, CPA

City & State

Pompano Beach, FL

City & State

Uniontown, PA

Zip

33073

Country

USA

Zip

15401

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/21/1994

5. FEI Number

59-3281847

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

ASSAD, Barry

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

3800 N. Powerline Road

Suite, Apt. #, Etc.

N/A

City

Pompano Beach

State
FL

Zip Code
33073

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

[Signature]

Date 12/31/2001

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
D/P/S/T	Ray G. Anthony	1351 Seminole Drive	Ft. Lauderdale, FL 33304

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/2001

Date

Daytime Phone #

CR2001 (9/01)