

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -1 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA4000077851

1. Corporation Name

Advanced Closet Systems, Inc.

2. Principal Office Address

2905 S. Congress Ave.

Suite, Apt. #, etc.

1F

City & State

Delray Beach, FL

Zip

33445

Country

USA

3. Mailing Office Address

14720 128th Ave. N.

Suite, Apt. #, etc.

City & State

P. Bch. Gdws, FL

Zip

33418

Country

USA

REINSTATEMENT

02-04

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1994

5. FEI Number

650542293

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

Greg Ross

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

400 SE 8th Street

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33316

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]
REGISTERED AGENT MUST SIGN

Date 5/27/04

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
<u>PVT</u>	<u>James Hayes</u>	<u>14720 128th N. Ave.</u>	<u>P. Bch. Gdws, FL 33418</u>

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06/07/04--01070--004 **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 filling 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-27-04

Daytime Phone #

CR2E081 (01/04)

PS 272
ADVANCED CLOSET SYSTEMS, INC.

May 27, 2004

Florida Department of State

Dear Sir or Madam:

Please be advised it is my intent to reinstate my Florida Profit Corporation after finding out through a third party that it had been inactivated. I had never received any annual report requests or notices of any kind regarding this matter in the past.

I have enclosed the \$450 annual report fees for 2002, 2003, and 2004 herein, and request that my \$600 registration / penalty fee be waived due to the fact that I have never received any documents from the Florida Department of State.

Sincerely,

James Hayes
President

A handwritten signature in black ink, appearing to read "James Hayes", with a stylized flourish at the end.