

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000078652**

1. Corporation Name

ACE REAL ESTATE SERVICES, INC.

Principal Place of Business

~~14001 S ORANGE BLOSSOM TRAIL~~
~~SUITE 202~~
~~ORLANDO FL 32837~~
US

Mailing Address

~~14001 S ORANGE BLOSSOM TRAIL~~
~~SUITE 202~~
~~ORLANDO FL 32837~~
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

13128 San Diego Woods Ln.

Suite, Apt. #, etc.

Orlando, FL.

City & State

32824

Zip

Country

USA

3. New Mailing Office Address, If Applicable

P.O. Box 770394

Suite, Apt. #, etc.

Orlando, FL

City & State

32877-0394

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

****383.75 ****383.75

10/24/1994

5. FEI Number

50-3277676

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.	FAY, MARION	14001 S ORANGE BLOSSOM TRAIL #202	ORLANDO FL
VTS	LAUGHLIN, WALT	13128 San Diego Wds Ln	Orlando, FL 32824
P	Laughlin, Walt	13128 San Diego Wds Ln.	Orlando, FL 32824

B. Name and Address of Current Registered Agent

LAUGHLIN, WALT
14001 S ORANGE BLOSSOM TRAIL
SUITE 202
ORLANDO FL 32837

9. Name and Address of New Registered Agent

Name
Laughlin, Walt
Street Address (P.O. Box Number is Not Acceptable)
13128 San Diego Wds Ln.
Suite, Apt. #, Etc.

City

Orlando, FL 32824

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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)(l), 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

Walt Laughlin

11/1/06 (407) 455-9260

REINSTATEMENT

CR25040 (7/98)