

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -8 AM 9:27

DOCUMENT # 894000078969

1. Corporation Name

Asset Accumulation + Conservation, Inc.

2. Principal Office Address 108 Cape

Pointe Cir., Jupiter, FL 33477

Suite, Apt. #, etc.

N/A

City & State

Jupiter, FL

Zip

33477

Country

Palm Beach

3. Mailing Office Address 108 Cape Pointe

Cir., Jupiter, FL 33477

Suite, Apt. #, etc.

N/A

City & State

Jupiter, FL

Zip

33477

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/194

5. FEI Number

65-0548470

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

JOHN R. BORAWSKI

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

108 Cape Pointe Cir.

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33477

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

John Borowski

John R. Borowski

REGISTERED AGENT MUST SIGN

Date 5/3/01

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
Pres.	John R. BORAWSKI	108 Cape Pointe Cir.	Jupiter, FL 33477
Dir.	Diane M. BORAWSKI	108 Cape Pointe Cir.	Jupiter, FL 33477

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: John R. Borowski - JOHN R. BORAWSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/01 (561) 745-9940

Date

Daytime Phone #

CR2001 (9/00)