

# P95000002231

\_\_\_\_ Aw \_\_\_\_\_  
\_\_\_\_ 1850 N.W. 170 St. \_\_\_\_\_  
\_\_\_\_ Miami, FL 33056 \_\_\_\_\_  
(City, State, ZIP) (Phone #)

FLORIDA SECRETARY OF STATE  
CORPORATION DIVISION  
\*\*\*\*\*

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time \_\_\_\_\_     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

W94-27455  
sigs.

12-29

Examiner's Initials

KAN



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

December 29, 1994

ANDRE WILLIAMS  
1850 N.W. 170TH STREET  
MIAMI, FL 33056

SUBJECT: ACE CONSTRUCTION, INC.  
Ref. Number: W94000027455

We have received your document for ACE CONSTRUCTION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person named within the Articles as Incorporator and/or Registered Agent must sign the document. Another signing "on behalf of" is not acceptable. You must either designate Andre Williams as Incorporator/Registered Agent, or have Iver Williams sign in the appropriate places.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Kevin Nickens  
Document Specialist

Letter Number: 194A00054674

**ARTICLES OF INCORPORATION**  
**OF**

Ace Construction, Inc.

FILED  
IN THE OFFICE OF THE  
CLERK OF THE CIRCUIT COURT  
FOR THE COUNTY OF MIAMI  
95 JUN 10 AM 11:11

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I - NAME**

The name of the corporation shall be:

Ace Construction, Inc.

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

420 N.W. 214th Street, #201  
Miami, FL 33169

**ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 Shares

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Iver Williams  
420 N.W. 214th , #201  
Miami, FL 33169

**ARTICLE V - INCORPORATORS**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

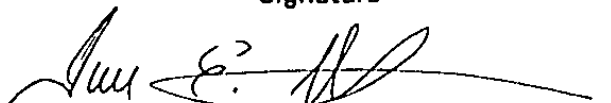
Iver Williams  
420 N.W. 214th Street, #201  
Miami, FL 33169

**ARTICLE VI - Officers**

Iver Williams, President  
and owner of all 1,000 shares.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 19th day of Dec, 1994.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

Ace Construction, Inc.

2. The name and address of the registered agent and office is:

Iver Williams  
420 N.W. 214th Street, #201  
Miami, FL 33169

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
(Signature)

*1/2/05*  
\_\_\_\_\_  
(Date)

10/16/96

16182

APPROVED AND NO. 027 002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

H96000014589 MI 11: 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000002231

1. Corporation Name  
ACE CONSTRUCTION, INC.

Principal Place of Business Mailing Address  
420 N.W. 214TH ST., #201  
MIAMI FL 33169 420 N.W. 214TH ST., #201  
MIAMI FL 33169

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

2. New Principal Office Address, if Applicable  
3. New Mailing Office Address, if Applicable  
4. Date Incorporated or Qualified To Do Business in Florida 01/10/1995  
5. FEI Number 65-0546537  
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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|--------------------|
| P        | WILLIAMS, IVER                    | 420 N.W. 214TH ST., #201  | MIAMI FL 33169     |
|          |                                   |   |                    |
|          |                                   |   |                    |
|          |                                   |   |                    |
|          |                                   |   |                    |

REINSTATEMENT 96  
SEE 10-17-96

8. Name and Address of Current Registered Agent  
WILLIAMS, IVER  
420 N.W. 214TH ST., #201  
MIAMI FL 33169

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City, Apt. #, etc.  
City State Zip Code  
FL

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: [Signature]  
Date: 10/15/96  
REGISTERED AGENT MUST SIGN

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

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)(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]  
Prepared by: Williams Iver 420 NW 214th St., #201  
(305)654-4097 Miami, FL 33169  
Date: 10/15/96  
H96000014580

10/16/96

16:02

# P95000002231

NO. 027

001

2

10/16/96

FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM  
ELECTRONIC FILING COVER SHEET

3:00 PM

((H96000014580 0))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: FAB-T CORP. AGENTS, INC.  
CONTACT: LIDIA FERNANDEZ  
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: ACE CONSTRUCTION, INC.

AUDIT NUMBER.....H96000014580

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..1

PAGES..... 1

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$383.75

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX  
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

RECEIVED

96 OCT 16 PM 4: 34

DIVISION OF CORPORATIONS