PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUL 10 PM 6:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900.00

DOCUMENT # P95000013167

1. Corporation Name

ACLE FAMILY HOLDINGS, INC.

2. Principal Office Address	3. Mailing Office Address
6485 SW 106th Street	6485 SW 106th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33156 Country: USA	Zip: 33156 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/09/95

5. FEI Number: 65-0634132 ☐ 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: Eduardo E. Acle

Street Address (P.O. Box Number is Not Acceptable): 6485 SW 106th Street

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33156

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: E E Acle Date: 5/10/01

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
DP	Eduardo E. Acle	6485 SW 106th Street	Miami, FL 33156

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REINSTATEMENT T00-01

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: E E Acle Eduardo E. Acle, President 5/10/01 (305) 261-9293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #