

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -3 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P95000033031

**1. Corporation Name**

A & C Multi Services, Inc.

**2. Principal Office Address**

14094 SW 139 Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

Dade

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 07-04

**4. Date Incorporated or Qualified  
To Do Business in Florida 4/24/95**

**5. FEI Number**

65-0576161

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

Maria F. Azevedo

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

14951 SW 239 Street

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33032

500029817235

03/03/04--01054--011 \*\*750.00

**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

*Maria F. Azevedo*

REGISTERED AGENT MUST SIGN

Date

2/10/04

**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
PR	Alfred Azevedo	14951 SW 239 Street	Homestead, FL 33032
VP	Curtis Condon	10970 SW 57 Street	Miami, FL 33173

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alfred Azevedo*

Date

2/24/04

Daytime Phone #

305-442-9599

A & C Multi Services, Inc.  
14094 SW 139<sup>th</sup> Court  
Miami, FL 33186  
Telephone (305) 242-9599

February 25, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: A& C Multi Services  
Document #P95000033031  
Reinstatement

Gentlemen:

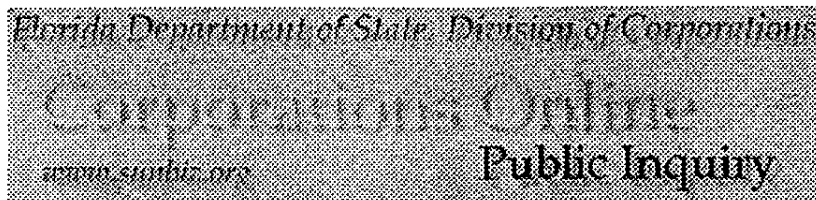
Per our telephone conversation we are enclosing a completed reinstatement form and a check in the amount of \$750 to renew the above corporation. Please waive the \$600 reinstatement fee per the attached we never received any of the forms because the address was incorrect. The address reads 39 Court instead of 139 Court.

If any further information is need, please contact us at the above address.

Sincerely,

  
Alfred Azevedo

Enc:cc



## Florida Profit

## A &amp; C MULTI SERVICES, INC.

## PRINCIPAL ADDRESS

14094 SW 39 CT

MIAMI FL 33186

Changed 02/25/1999

*www.sosbiz.org*

## MAILING ADDRESS

14094 SW 39 CT

MIAMI FL 33186

Changed 02/25/1999

## Document Number

P95000033031

## FEI Number

650576161

## Date Filed

04/24/1995

## State

FL

## Status

INACTIVE

## Effective Date

NONE

## Last Event

ADMIN DISSOLUTION  
FOR ANNUAL REPORT

## Event Date Filed

09/22/2000

## Event Effective Date

NONE

## Registered Agent

Name & Address
AZEVEDO, MARIA F 14951 SW 239 ST MIAMI FL 33032
Address Changed: 02/25/1999

## Officer/Director Detail

Name & Address	Title
AZEVEDO, ALFRED 14951 SW 239 ST MIAMI FL 33032	D
CONDON, CURTIS 10970 SW 57TH ST.	VP

*Division  
PO 656327  
Tallahassee 32314*