

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 JUN -9 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000027092

1. Corporation Name

A.C.B., INC.

Principal Place of Business

10831 S.W. 186TH ST.
2ND FLOOR
MIAMI FL 33157

Mailing Address

P.O. BOX 971577
MIAMI FL 33187-1577



REINSTATEMENT

97-98
AW

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

2. New Principal Office Address, If Applicable

23201 SW 124 Ave,
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

23201 SW 124 Ave,
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1996

5. FEI Number

65-0656881

Applied For

Not Applicable

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33132

Country

Zip

33132

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	BECERRA, ARAMIS C	10831 S.W. 186TH ST. 2ND FLOOR 23201 SW 124 Ave,	MIAMI FL 33157 MIAMI FL 33157
D	MARTINEZ, DIEGO	23201 SW 124 Ave,	MIAMI, FL 33032
D	CASANOVA, JOSE V.	23201 SW 124 Ave,	MIAMI, FL 33032

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****908.75 ****908.75

8. Name and Address of Current Registered Agent

BECERRA, ARAMIS C
10831 S.W. 186TH ST.
2ND FLOOR
MIAMI FL

9. Name and Address of New Registered Agent

Name
BECERRA, ARAMIS C.

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

23201 SW 124 Ave,
Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33032

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

Aramis Becerra
REGISTERED AGENT MUST SIGN

Date

6-8-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(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:

Aramis Becerra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/98
Date

(305) 233-0722
Daytime Phone #

CR2040 (8/97)