

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 FEB 12 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000034320

1. Corporation Name

ACA FILMS, INC.

Principal Place of Business

260 CRANDON BLVD
SUITE 32-451
KEY BISCAVNE FL 33149
US

Mailing Address

260 CRANDON BLVD
SUITE 32-451
KEY BISCAVNE FL 33149
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1996

SP

5. FEI Number

65-0666398

Applied For

Not Applicable

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 3	City / State / Zip 4
PSD S	BRAVO, ELDA C	601 BRICKELL KEY DRIVE #805 260 Crandon Blvd Suite 32-451	MIAMI FL 33131 Key Biscayne, Fl 33149
VP P	VELMA, ELDA C	601 BRICKELL KEY DRIVE #805 260 Crandon Blvd Suite 32-451	MIAMI FL 33131 Key Biscayne, Fl 33149
8	ALLEN, ROBERT N JR	601 BRICKELL KEY DRIVE #805	MIAMI FL 33131
			300003748343--2 02/23/01--01005--007 ***600.00 ***600.00
			300003748343--2 -02/23/01--01005--008 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

ROJAS, MARCO E
520 BRICKELL KEY DR
SUITE 305
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]
REGISTERED AGENT MUST SIGN

Date 1/4/00

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2001 305-854-2083
Date Daytime Phone #

CR2E040 (8/00)