

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P96000053760**

1. Corporation Name

ACLF COMMUNITIES, INC.

Principal Place of Business

Mailing Address

**2450 LEWIS STREET
MELBOURNE FL 32901**

**2450 LEWIS STREET
MELBOURNE FL 32901**

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

2. New Principal Office Address, If Applicable

2500 Lewis Street

3. New Mailing Office Address, If Applicable

2500 Lewis Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL 32901

City & State

Melbourne, FL 32901

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

06/24/1996

5. FEI Number

65-0674794

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	DIGIACOMO, ROBERT	2450 LEWIS ST 2500 Lewis	MELBOURNE FL 32901
VSD	LAWTEN, RICHARD C	115 E CROSS RD	NEW CANAAN CT 06840

**3000002886433--5
-05/25/99--01084--016
*****900.00 *****900.00**

8. Name and Address of Current Registered Agent

**MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901**

9. Name and Address of New Registered Agent

Name

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

Suite, 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

REGISTERED AGENT MUST SIGN

Date

4/22/99

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:

Richard C. Lawten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99
Date

203-966-4412
Daytime Phone #

CR2E040 (9/98)