

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200008834862  
11/06/02--01117--005 \*\*750.00

DOCUMENT # P97000103953

1. Corporation Name

ACRON TECHNOLOGY CORPORATION

Principal Place of Business

7620 NW 25 STR.  
UNIT 0  
MIAMI FL 33122

Mailing Address

7620 NW 25 STR.  
UNIT 0  
MIAMI FL 33122

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

2. New Principal Office Address, If Applicable

8325 NW 66 Street

Suite, Apt. #, etc.

City & State  
Miami, Florida

Zip Country  
33166 Dade

3. New Mailing Office Address, If Applicable

8325 NW 66 Street

Suite, Apt. #, etc.

City & State  
Miami, Florida

Zip Country  
33166 Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

12/10/1997

5. FEI Number

65-0801307

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
DPVT	SPERMAN, FABIAN D	7620 NW 25TH STREET UNIT #8	MIAMI FL 33122
		8325 NW 66 Street	MIAMI FL 33133

8. Name and Address of Current Registered Agent

ROTH, LEONARDO A  
9350 SOUTH DIXIE HWY, PH 2  
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name Jose M. de la O., P.A.

Street Address (P.O. Box Number is Not Acceptable)  
1108 Ponce de Leon Blvd

Suite, Apt. #, Etc.

City Coral Gables

State  
FL

Zip Code  
33134

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/28/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02 (305) 965-0172

Date

Daytime Phone #