

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

CG-2000



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

FILED

00 JAN 21 PH 12: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000016868

**1. Corporation Name**

ACE WORLD WIDE OF CENTRAL FLORIDA, INC.

**2. Principal Office Address**

1125 Gills Drive

Suite, Apt. #, etc.

Suite 400

City & State

Orlando, FL

Zip

32824

Country

**3. Mailing Office Address**

1125 Gills Drive

Suite, Apt. #, etc.

Suite 400

City & State

Orlando, FL

Zip

32824

Country

**REINSTATEMENT** CG-2000

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

02/20/98

**5. FEI Number**

59-3504446

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ ☐ ☐

**7. Name and Address of Current Registered Agent**

Name

Keith Brauman

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

1125 Gills Drive

Suite, Apt. #, Etc.

Suite 400

City

Orlando

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\*\*\*\*900.00 \*\*\*\*900.00

State

FL

Zip Code

32824

**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

*Keith Brauman*

REGISTERED AGENT MUST SIGN

Date

1/14/00

**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
P/D	Keith Brauman	1125 Gills Dr., Suite 400	Orlando, FL 32824
C	John Steiner	1125 Gills Dr., Suite 400	Orlando, FL 32824
S	Edward Brauman	1125 Gills Dr., Suite 400	Orlando, FL 32824

**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:**

*Keith Brauman*

Keith Brauman

1/14/00

Date

407/251-4911

Daytime Phone #