FILED

10 FEB -4 AM 9:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000045275

1. Corporation Name

ACE TELECOM CORP

1/20/10 01004 007 300.00
900168018149
02/04/10--01042--016 **150.00

REINSTATEMENT 28-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3400 NE 192 ST	3400 NE 192 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
1007	1007
City & State	City & State
AVENTURA, FL	AVENTURA, FL
Zip / Country	Zip / Country
33180 / USA	33180 / USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0838722
☐ Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
FRANCIS CURRLIN

Street Address (P O Box Number is Not Acceptable)
3400 NE 192 ST

Suite, Apt. #, Etc
1007

City / State / Zip Code
AVENTURA, FL / FL / 33180

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 X _____ Date 12/30/09

REGISTERED AGENT MUST SIGN

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
DPST	FRANCIS CURRLIN	3400 NE 192 ST #1007	AVENTURA, FL 33180

10. E-mail Address: ACETELE@AOL.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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. I further certify 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: X _____ 12/30/09 305-409-6161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2500