

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000050624

1. Corporation Name

ACE FIXTURES, INC.

Principal Place of Business

510 N. HUDSON ST.
ORLANDO FL 32818

Mailing Address

510 N. HUDSON ST.
ORLANDO FL 32818

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 32835

Country

Zip 32835

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1998

5. FEI Number

59-3514724

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
D	BUSS, JASON	510 N. HUDSON ST.	ORLANDO FL 32818 32835
D	BUSS, JAMILA	510 N. HUDSON ST.	ORLANDO FL 32818 32835

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUSS, JASON
510 N. HUDSON ST.
ORLANDO FL 32818

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

J. Buss

REGISTERED AGENT MUST SIGN

Date

11/5/99

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:

J. Buss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/99

Daytime Phone #

(407) 578-8238

09/24/99 9000 004 150.00

♠ Ace Fixtures
510 N. Hudson St.
Orlando, Fl 32835
(407)578-8238

2

11/05/99

To whom it may concern,

I am writing in reference to the notice of dissolution. I would appreciate it if the fees were lifted & we are reinstated. I have called & talked to several people regarding this matter & was told to explain the situation in a letter.

I did not receive the first profit corporation annual report, probably because you had our zip code wrong. I did receive the second one & mailed it in with a letter of explanation & the filing fee. It was sent back to me saying I needed an EIN #, so I proceeded to apply for it. We have one now & everything is in order. I do apologize for this inconvenience, as it was my understanding that our accountant would handle everything, but he did not. If you have any questions, please feel free to call me. I now know when this is due, so it will not happen again. Thank you,

J. BUSS

JAMIE BUSS