PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FC

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT

P99000011131

1. Corporation Name

ACE PROPERTY SERVICES, CORP.

Principal Place of Business

Mailing Address

6205 S.W. 131ST CT.,UNIT 202 **MIAMI FL 33183**

6205 S.W. 131ST CT..UNIT 202 MIAMI FL 33183

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

NOV 14 AM 10: 31

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 Date Incorporated or Qualified To Do Business in Florida 02/01/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0898860 City & State City & State Not Applicable Country \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director **DPS PULLES, LETICIA** 6205 S.W. 131ST CT.,UNIT 202 **MIAMI FL 33183** VPT : PULLES, LETICIA 6205 S.W. 131ST CT.,UNIT 202 **MIAMI FL 33183 PULLES, CARLOS** 10300 SW 72ND ST., #261-B **MIAMI FL 33173 VEGA, LIBERTAD** 10300 SW 72ND ST., #261-B **MIAMI FL 33173** -509023996375 10/22/03--01004--012 **\$58.75 500023996375 Name and Address of New Registered Agent 8. Name and Address of Chreek Redistered PULLES, LETICIA Street Address (P.D. Box Number is Not Acceptable) 6205 S.W. 131ST CT.,UNIT 202 MIAMI FL 33183 Suite, Apt. #, Etc. State Zip Code

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.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10-14-03