

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR -6 AM 10:50

DOCUMENT # P99000017286

1. Corporation Name

ACH, INC.

100005134401--7  
-03/19/02--01049--014  
\*\*\*\*450.00 \*\*\*\*450.00

2. Principal Office Address

331 8TH COURT

3. Mailing Office Address

PO BOX 5413

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

VERO BEACH FL

Zip

32962

Country

USA

Zip

32961

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/23/99

5. FEI Number

65-0898215

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANDREW C. HUNNEWELL

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

331 8TH COURT

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32962

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

Andrew C. Hunnewell

Date

2/28/02

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
PRES/SEC. TREAS/DIR.	ANDREW C. HUNNEWELL	331 8TH COURT	VERO BEACH FL/32962

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:

Andrew C. Hunnewell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02

Date

603-448-2138

Daytime Phone #

CR2E081 (9/01)

ACH INC.  
dba: List International  
PO Box 5413  
331 8th Court  
Vero Beach FL 32962

February 28, 2002

Florida Dept. of State  
Division of Corporations

To Whom it may concern;

Per conversation with an examiner, this letter is to request waiver of reinstatement fee due to never having received annual report letter/paperwork, apparently due to wrong address on file.

Per conversation the corporation still owes \$150 per year annual report fee for three years. Please find enclosed check for \$450.

The correct physical address should be: 331 8th Court, Vero Beach FL 32962

The correct mailing address should be: PO Box 5413, Vero Beach FL 32961

Please advise if there is anything else that needs to be done to have everything in order.

Thank you for your help, and if there are any questions or you need to contact me for any reason please feel free to call 802-295-1970.

Sincerely,

A handwritten signature in black ink that reads "Andrew Hunnewell, pres". The signature is written in a cursive style.

Andrew Hunnewell  
President ACH INC.