

PLEASE READ ALL INSTRUCTIONS

BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine  
Secretary

DIVISION OF CORPORATIONS

STATE OF FLORIDA

is

the

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FILED

02 MAR -4 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000060778

1. Corporation Name

ACPM FLORIDA, INC.

Principal Place of Business

Mailing Address

7552 NAVARRE PKWY., STE. 1  
NAVARRE FL 32566-73127552 NAVARRE PKWY., STE. 1  
NAVARRE FL 32566-7312

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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/30/1999

5. FEI Number

59-3600583

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$875 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
PTD	CLINCHY, RICHARD A III	7552 NAVARRE PKWY., STE. 1	NAVARRE FL 32566
VSD	CLINCHY, NANCY A III	7552 NAVARRE PKWY., STE. 1	NAVARRE FL 32566
D	MCSWAIN JR, NORMAN E	1212 BOURBON ST	NEW ORLEANS LA
D	PATCH, JIM	150 FOXFIRE LANE	OLDSMAR FL 34677
D	WILLIAMS, MICHAEL	P O BOX 2824	POST FALLS ID 89877
			300005168983--1 -03/26/02--01039--018 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAMBERT, PAUL WATSON  
7552 NAVARRE PKWY., STE. 1  
NAVARRE FL 32566-7312

Name

Richard A. Clinchy, III

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

7552 NAVARRE PARKWAY

Suite, Apt. #, Etc.

SUITE 1

City

NAVARRE

State

FL

Zip Code

32566

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

REGISTERED AGENT MUST SIGN

Date 01-MAR-02

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:

Richard A. Clinchy, III  
Signature and Typed or Printed Name of Signing Officer or Director Chairman/CEO

Date

17-OCT-01

Daytime Phone #

850-939-0840

CR2E040 (8/01)