

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000090332

1. Corporation Name

ACIER ENTERPRISES INC

2. Principal Office Address

18120 SW 103 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33157

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33157

Country

REINSTATEMENT 13-05

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/99

5. FEI Number

65-0954312

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

EMMA BOUIE

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

18120 SW 103 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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 Emma Bouie

REGISTERED AGENT MUST SIGN

Date 11-29-05

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
P/T	JAMES BOUIE	18120 SW 103 AVENUE	MIAMI FL, 33157
S/V/D	EMMA BOUIE	18120 SW 103 AVENUE	MIAMI FL 33157

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:

James Bouie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-29-05

Date

305 238-9114

Daytime Phone #