

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 29 PM 12:24

DOCUMENT

1. Corporation Name

999000105850
Ace Food Corp.

2. Principal Office Address - No P.O. Box #

12169 S William St

Suite, Apt. #, etc.

3. Mailing Office Address

555 NW 170th Court

Suite, Apt. #, etc.

City & State

Dunnellon FL 3

City & State

Dunnellon FL

Zip

34432

Country

USA

Zip

34432

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/1999

5. FEI Number

14-1645054

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

Chris S Egan

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

12169 S William St

Suite, Apt. #, Etc.

City

Dunnellon

State

FL

Zip Code

34432

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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
President	Ralph Estrada	555 NW 170th Court	Dunnellon FL 34432
V President	April Estrada	555 NW 170th Court	Dunnellon FL 34432

REINSTATEMENT

04-08 B. 6/4/08

500130898279

06/05/08--01013--012 **750.00

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 contained in Chapter 119, 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:

April E Estrada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/08 352-489-3381

Date

Daytime Phone #