	-			
675 SW 12 AVE	: ACH, FL 33069			
	-CH, TE 33009			
Current Mai	ling Address:			
675 SW 12 A	AVE			
POMPANO	BEACH, FL 33069			
EEI Numbor	· 47-4075488		Certificate of Status De	aired. No
				esired: NO
Name and A	Address of Current Registered Agent:			
BELLO & MAR				
2850 DOUGLAS SUITE 303	5 KD.			
CORAL GABLE	S, FL 33134 US			
The above name				
SIGNATURE: IAN ILLYCH MARTINEZ				Florida
SIGNATURE	d entity submits this statement for the purpose of changin : IAN ILLYCH MARTINEZ	g its registered office or regis	tered agent, or both, in the State of	Florida. 02/07/2017
SIGNATURE		g its registered office or regis	tered agent, or both, in the State of	
SIGNATURE Officer/Dire	E: IAN ILLYCH MARTINEZ Electronic Signature of Registered Agent	g its registered office or regis	tered agent, or both, in the State of	02/07/2017
	E: IAN ILLYCH MARTINEZ Electronic Signature of Registered Agent	g its registered office or regis	tered agent, or both, in the State of	02/07/2017
Officer/Dire	E: IAN ILLYCH MARTINEZ Electronic Signature of Registered Agent Ctor Detail :			02/07/2017
Officer/Dire	E: IAN ILLYCH MARTINEZ Electronic Signature of Registered Agent Ctor Detail : P/S	Title	VP/T	02/07/2017
Officer/Dire Title Name Address	E: IAN ILLYCH MARTINEZ Electronic Signature of Registered Agent Ctor Detail : P/S MEDINA, JOSE	Title Name	VP/T MEDINA, DELIO 12707 NW 42 AVE	02/07/2017
Officer/Dire Title Name Address	E: IAN ILLYCH MARTINEZ Electronic Signature of Registered Agent Ctor Detail : P/S MEDINA, JOSE 12707 NW 42 AVE	Title Name Address	VP/T MEDINA, DELIO 12707 NW 42 AVE	02/07/2017
Officer/Dire Title Name Address	E: IAN ILLYCH MARTINEZ Electronic Signature of Registered Agent Ctor Detail : P/S MEDINA, JOSE 12707 NW 42 AVE	Title Name Address	VP/T MEDINA, DELIO 12707 NW 42 AVE	02/07/2017

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DELIO MEDINA	A
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PRESIDENT

02/07/2017

Electronic Signature of Signing Officer/Director Detail

Date

## 2017 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P15000042678

Entity Name: ACL OF POMPANO, INC.

## Current Principal Place of Business: