P49C1012

TOTAL P.01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -2 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038754

1. Corporation Name

ACCOLADE CHEM-DRY, INC.

Principal Place of Business	Mailing Address
5714 19TH ST. ZEPHYRHILLS FL 33540	5714 19TH ST. ZEPHYRHILLS FL 33540

--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 & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/18/2000

5. FEI Number: 59-3648842 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
D	ELDRIGDE, KEVIN D	5714 19TH ST.	ZEPHYRHILLS FL 33540
D	ELDRIGDE, KIMBERLY A	5714 19TH ST.	ZEPHYRHILLS FL 33540

REINSTATEMENT 03

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12/02/03--01063--004 **150.00

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ELDRIDGE, KEVIN D 5714 19TH ST. ZEPHYRHILLS FL 33540	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent ______________________ Date __________

REGISTERED AGENT MUST SIGN

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.

KEVIN D. ELDRIDGE

SIGNATURE: Kevin D. Eldridge   10-13-03   703-695-1574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

P.01/01   703 693 0320   DHAO-001   OCT-13-2003 15:15

Check for $150.00

(AM\Accolade)