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 OCT 16 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000070425**

1. Corporation Name

ACCUR-MANAGEMENT CORP.

Principal Place of Business	Mailing Address
2679 S OCEAN BLVD STE 3A BOCA RATON FL 33432	2679 S OCEAN BLVD STE 3A BOCA RATON FL 33432

REINSTATEMENT 03

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.	5749 Camino del Sol, Apt.305
City & State		City & State	Boca Raton, Florida
Zip	Country	Zip	33433 Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/26/2002

5. FEI Number: 06-1646287 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 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
P	RAME, ENRIQUE	2679 S OCEAN BLVD STE 3A	BOCA RATON FL 33432
V	RAME, DORIS	2679 S OCEAN BLVD STE 3A	BOCA RATON FL 33432

100023856971
10/16/03--01054--021 **150.00

8. Name and Address of Current Registered Agent

ABRAMSON, EDWARD J ESQ
7270 NW 12 ST STE 580
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name: Carlos Galli
Street Address (P.O. Box Number is Not Acceptable): 5749 Camino del Sol, Apt. 305
Suite, Apt. #, Etc.: Apt.305
City: Boca Raton State: FL Zip Code: 33433

CR2E040 (7/03)

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: Galli — Date: 10-14-03
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.

SIGNATURE: _____ October 14th 2003 5613924507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ENRIQUE RAME

Accur Management Corp

2679 S. Ocean Blvd., Apt. 3A
Boca Raton, Fl 33432

Mailing Address: 5749 Camino del Sol, Apt. 305
Boca Raton, Florida 33433

October 14, 2003

Florida Department of State
Glenda E. Hood
Secretary of State

Dear Madam:

Enclosed you will fin a check for the amount of $150.00 which covers Annual Report Fee and Corporate Supplemental Fee due on May 1st, 2003.

Because our Corporation did not receive the two prior Uniform Business Report notices, we are asking for waiving the reinstatement fee.. Thank you.

We are sending enclosed the Application for Reinstatement.

Sincerely,

Enrique Ramé
President