

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000070425**

1. Corporation Name

ACCUR-MANAGEMENT CORP.

Principal Place of Business

2679 S OCEAN BLVD STE 3A
BOCA RATON FL 33432

Mailing Address

2679 S OCEAN BLVD STE 3A
BOCA RATON FL 33432

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

5749 Camino del Sol, Apt. 305

City & State

Boca Raton, Florida

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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.

City

Apt. 305

Boca Raton

State

FL

Zip Code

33433

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

REGISTERED AGENT MUST SIGN

Date 10-14-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENRIQUE RAME

Date

Daytime Phone #

FILED

03 OCT 16 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)

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

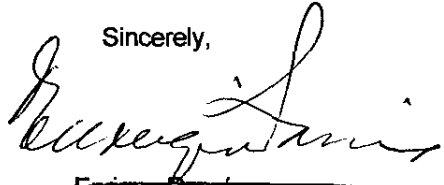
Dear Madam:

Enclosed you will find 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