## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000048616

Entity Name: ACCESSORIES UNLIMITED, INC.

FILED Jan 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4814 MIRABELLA PLACE 1550 OAK INDUSTRIAL LUTZ, FL 33558 SUITE B

CUMMING, GA 30041

Current Mailing Address: New Mailing Address:

4814 MIRABELLA PLACE 1550 OAK INDUSTRIAL LUTZ, FL 33558 SUITE B

CUMMING, GA 30041

FEI Number: 20-4667696 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JEFFREY A. DOWD, P.A.
609 W LUMSDEN
BRANDON, FL 33511 US
JEFFREY A. DOWD, P.A.
609 W LUMSDEN RD
BRANDON, FL 33511 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEFFREY A. DOWD, PRES. 01/28/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: DPT (X) Change ( ) Addition

Name:SELF, DALEName:SELF, DALEAddress:4814 MIRABELLA PLACEAddress:1550 OAK INDUSTRIAL, SUITE B

City-St-Zip: LUTZ, FL 33558 City-St-Zip: CUMMING, GA 30041

Name: DUNN, PHILIP Name: LUPINACCI, ANTONIO

 Address:
 4814 MIRABELLA PLACE
 Address:
 1550 OAK INDUSTRIAL, SUITE B

 City-St-Zip:
 LUTZ, FL 33558
 City-St-Zip:
 CUMMING, GA 30041

Title: D (X) Delete Title: ( ) Change ( ) Addition
Name: LUPINACCI. ANTONIO Name:

 Name:
 LUPINACCI, ANTONIO
 Name:

 Address:
 4814 MIRABELLA PLACE
 Address:

 City-St-Zip:
 LUTZ, FL 33558
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DALE SELF PRES 01/28/2008