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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000006262			
1. Corporation Name Ideal Accents Inc.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21 10200 W. Eight Mile	26	3. Date Incorporated or Qualified 1/21/1999	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report 2001	
22	27	4. FEI Number 65-0888146	Applied For Not Applicable
City & State 23 Ferndale MI	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 48220	County 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Hrawg Corp. 1801 North Military Trail, Suite 200 Boca Raton, FL 33431		81 Name Corporate Creations Network Inc.	
		82 Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Road #221E	
		83	
		84 City Palm Beach Gardens	
		85 Zip Code FL 33410	
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE		Taide Baez, Vice President 6/6/03	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. S. T. D HINES, J. PAUL 205 WORTH AVE., #201 PALM BEACH FL 33480 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CEO, Chairman, O Joseph P O'Connor 10200 Eight Mile Ferndale, Michigan 48220 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P. D. PFO Ayaz Somani 151 Sandcherry Court Pickering, Ontario L1V 6S8 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S. T. D Karim Suleman 5 Mary Elizabeth Crescent Pickering, Ontario L3R 9M2 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, or on attachment with an address.			
SIGNATURE		By T. Baez as attorney in fact for Joseph P O'Connor 6/6/03 205-672-0686	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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Florida Department of State
Division of Corporations
Public Access System

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Account Number : 110432003053
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CORPORATION REINSTATEMENT

IDEAL ACCENTS, INC.

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