


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 263649			
1. Corporation Name ACCURATE CUTTING SERVICE INC.			
2. Principal Office Address - No P.O. Box # 3475 NW 41 ST		3. Mailing Office Address 3475 NW 41 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33142	Country USA	Zip 33142	Country USA
7. Name and Address of Current Registered Agent			
Name TONY & ANN P FERNANDEZ			
Street Address (P.O. Box Number is Not Acceptable) 16600 GREENS EDGE CIRCLE 84			
Suite, Apt. #, Etc.			
City WESTON		State FL	Zip Code 33326
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent Ann P Fernandez		Date 3-5-08	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	TONY FERNANDEZ	16600 GREENS EDGE CIRCLE 84	WESTON FL 33326-2600
SEY TREAS	ANN P. FERNANDEZ	"	"
		\$73/12	
10. 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 contained in Chapter 119, 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: Ann P Fernandez		Date: 3-5-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANN P FERNANDEZ		Date: 3-5-08	

FILED
08 MAR 11 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/11/08--01005--021 **450.00
REINSTATEMENT 06-08

4. Date Incorporated or Qualified To Do Business in Florida 1962

5. FEI Number 59-0978661

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. \$450.00

012. 305-635-2588
H 954-369-3987
CEI 305-333-4092 ANN
CEI 305-302-9753 TONY