

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 326660

1. Corporation Name

ACCURATE Home Improvement INC.

2. Principal Office Address

1036 E. Pebble Beach Cir.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

WINTER SPRINGS, FL

Zip

Country

32708

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1968

5. FEI Number

59-1220653

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

06 JAN 18 PM 12:12

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02/03/06--01047--021 **458.75

7. Name and Address of Current Registered Agent

Name

ALFRED LOCKYER

Street Address (P.O. Box Number is Not Acceptable)

1036 EAST PEBBLE BEACH circle

Suite, Apt. #, Etc.

City

WINTER SPRINGS

State

FL

Zip Code

32708

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

1/10/06

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	ALFRED LOCKYER	1036 E. Pebble Beach Cir.	WINTER SPRINGS, FL 32708

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFRED LOCKYER 1-10-06 407-310-4640
Date Daytime Phone #

2004 150.00
2005 150.00
2006 150.00
} 458.75.

F-10-06

TO WHOM IT MAY CONCERN,

I DID NOT RECEIVE MY ANNUAL REPORT
FOR ACCURATE HOME IMPROVEMENT INC.
DOC. # 326660.

I BELIEVE IT WAS DUE TO AN ADDRESS
CHANGE AND THE REPORT WAS NOT FORWARDED
TO OUR NEW ADDRESS.

I AM ASKING THAT THE STATE OF FLA.
WAIVE THE RE-INSTATEMENT FEE.

I HAVE ENCLOSED THE FORM AND 2004,
2005 AND 2006 FEES FOR FILING.

THANK YOU

A handwritten signature in black ink, appearing to read "Az Lockyer", with a horizontal line drawn underneath it.

AZ LOCKYER PRESIDENT
ACCURATE HOME IMPROVEMENT INC.