

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 16 PM 3:36

DOCUMENT # **482494**

1. Corporation Name

FLORIDA ACCOUNTING SERVICES, INC.

2. Principal Office Address

211 SIXTH ST SE

Suite, Apt. #, etc.

City & State
**WINTER HAVEN, FL
33880**

Zip
33880

Country
US

3. Mailing Office Address

P.O. Box 9449

Suite, Apt. #, etc.

City & State
WINTER HAVEN, FL

Zip

33883-9449 US

Country

REINSTATEMENT 89-01

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

01/11/84

5. FEI Number 58-2160686

Applied For

Not **SP** eable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM C. PARKER

200004563752-5

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

211 SIXTH ST S.E.

08/30/01--01031--021

Suite, Apt. #, Etc.

City

WINTER HAVEN, FL

State
FL

Zip Code

33880

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]

Date **3/30/01**

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/	WILLIAM C. PARKER	211 SIXTH ST S.E.	WINTER HAVEN FL 33880
V.P.D.	VIC. TATELMAN	208 NIMROD DR	WINTER HAVEN FL 33881
SE/	JOHN KEATON	Box 7684	LAKEWOOD FL 33807
Dir.	JAMAL BAZ	1110 INTERLOCKDOWN BLVD SE.	WINTER HAVEN FL 33884

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 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] **WILLIAM C. PARKER**

Date **3/30/01**

863-299-1261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #