PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 21 AM 8:00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000005267

1. Corporation Name
ACCENT ACQUISITIONS I, CO

REINSTATEMENT 01-03

2. Principal Office Address	3. Mailing Office Address
2500 NORTHWINDS PKWY	same
Suite, Apt. #, etc.: 350	Suite, Apt. #, etc.:
City & State: ALPHARETTA, GA	City & State:
Zip: 30004 Country: FULTON	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 9/15/2000

5. FEI Number: 54-2612745 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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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: Jennifer F. Aultman, Assist. Sec Date: 08/05/2003

REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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
CEO/DIR	BETTY SULLIVAN	1535 LOOKRIDGE Rd.	CUMMING, GA 30041
PRES/DIR	JAMES SULLIVAN	1535 LOOKRIDGE Rd.	CUMMING, GA 30041
SEC/TRD	JACQUELINE FLYNN	3665 SINCLAIR SHORES Rd.	CUMMING, GA 30041

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: Betty M. Sullivan 8/6/03 770-754-6140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: BETTY SULLIVAN

Date | Daytime Phone #