APPLICATION	L INSTRUCTIONS BEFORE C FLORIDA DEPARTMENT OF STATE Katherine Harris	N A A KAN
FOR SAME	. 1	
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	99 HM2 - 3 - 101 7: 5h
DOCUMENT # F94000002353	3,	
ACCURATE MORTGAGE CORPORATION	N	ALCHEM CHEME
	W44000005531	
Principal Place of Business N	Mailing Address	REINSTATEMENT 45-99
-		10000
	New Mailing Office Address, If Applicable	Date Incorporated or Qualified
	220 S. Washington Buile, Apt. #, etc	To Do Business in Florida 5/6/94
City & Stale Naperville, IL	ny & State Naperville, IL	36-3744294 Not Applied For
	60540 Country USA	GERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or D Name of Officers and/or Directors 2	Director (Florida nonprofit corporations must list at leas Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N	City / State / Zip
P/T/S/ D Jeffrey J. Harris	1118 Hobson Mill Driv	ve Naperville, IL 60540
AS Anne J. Harris	1118 Hobson Mill Driv	ve Naperville, IL 60540
		6000028015166 -03/10/3901109004
		***1208.75 ***1208.75 6400002801516 6
		-03/10/9901109005 ****150.00 ****150.00
8. Name and Address of Current Regi	istered Agent	Name and Address of New Registered Agent
	Name CT Corpor SuperAndress (P.	ration System O Box Number is Not Acceptable).
Suite. Apt #, Etc.		the Island Road 34-49
	City Plantatio	on, State Zip Code FL 33324
19. I, being appointed the registered agent of the above named corporation, am familiar within accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date Date		
REGISTERED AGENT MUST SIGN MOC S. Dicurond, Assil Security. 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No		
12. I certify that I am an officer or director or the receiver of this reinstatement application, the reason for dissolution	or trustee empowered to execute this application as proposed in the same satisfies to solution and the satisfies to solution and satisfies and satisfies to solution and satisfies the satisfies and	rovided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607,0401 or 617,0401, F.S., that all fees an exemption under section 119,07(3)(i), F.S. The information indicated
SIGNATURE: SIGNATURE AND YELF OR PRINTED	D NAME OF SIGNING OFFICER OR DIRECTOR	3 - 2 -99 (630) 983 -5368 Dayline Prione #