

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -1 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000003743

1. Corporation Name

Accessories Not Included, Inc.

2. Principal Office Address - No P.O. Box #

9708 Old Hyde Park Place

Suite, Apt. #, etc.

3. Mailing Office Address

9708 Old Hyde Park Place

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34202

Country

USA

Zip

34202

Country

USA

REINSTATEMENT

CR2E081 (10/08)

4. Date Incorporated or Qualified

To Do Business in Florida 07/21/1999

5. FEI Number

52-2066489

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Brian Palmer

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

2937 Bee Ridge Road

Suite, Apt. #, Etc.

Suite 2

City

Sarasota

State

FL

Zip Code

34239

☒ 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.

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] CMA

REGISTERED AGENT MUST SIGN

Date 11/24/2008

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
P	Edward M. Levin	9708 Old Hyde Park Place	Bradenton, FL 34202
S	Terri A. Levin	9708 Old Hyde Park Place	Bradenton, FL 34202

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:

Edward M. Levin Edward M. Levin

11/24/2008

941-915-0526

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #