

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 DEC 28 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G02757**

1. Corporation Name

ACCENTS ELITE, INCORPORATION

Principal Place of Business

Mailing Address

~~1906 H LB MOLEOD RD~~
~~ORLANDO FL 32811~~

PO BOX 618756
ORLANDO FL 32861

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1000 Savage Ct.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Longwood, FL

City & State

Zip
32750

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1982

5. FEI Number

59-2673620

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD V/S/T	MEDLOCK, LUTRELL	1032 KENMORE STREET	DELTONA FL 32725
VS	MEDLOCK, JAMES	1032 KENMORE STREET	DELTONA FL 32725

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEDLOCK, LUTRELL

~~1032 KENMORE STREET~~
~~DELTONA FL 32725~~

Name

Lutrell Medlock

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

1000 Savage Ct.

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Lutrell Medlock

Date **12-28-01**

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lutrell Medlock

12-28-01

386-574-0661

Date

Daytime Phone #

CR2E040 (8/01)