

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 31 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G02757**

1. Corporation Name

**ACCENTS ELITE, INCORPORATION**

Principal Place of Business

Mailing Address

~~470 E ALTAMONTE DR~~  
~~SUITE 100-227~~  
~~ALTAMONTE SPRINGS FL 32701~~

PO BOX 618756  
ORLANDO FL 32861



**REINSTATEMENT 03**

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

2. New Principal Office Address, If Applicable  
**2578 Enterprise Road**

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/01/1982**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 306**

City & State  
**Orange City, FL 32763**

City & State

Zip **32763** Country **USA**

Zip Country

5. FEI Number

**59-2673620**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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
PDST	MEDLOCK, LUTRELL	1032 KENMORE STREET	DELTONA FL 32725
V	MEDLOCK, LUTRELL	1032 KENMORE STREET	DELTONA FL 32725

000025904790  
12/31/03--01068--004 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEDLOCK, LUTRELL  
~~470 E ALTAMONTE DR~~  
~~SUITE 100-227~~  
~~ALTAMONTE SPRINGS FL 32701~~

Name

**MEDLOCK, LUTRELL**

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

**2578 Enterprise Rd.**

Suite, Apt. #, Etc.

**Suite 306**

City

**Orange City**

State

**FL**

Zip Code

**32763**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Lutrell Medlock*

REGISTERED AGENT MUST SIGN

Date

**12-30-03**

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:

LUTRELL, MEDLOCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-30-03 (386)574-7731**

Date

Daytime Phone #

CR2E040 (7/03)

***ACCENTS ELITE***

P.O. BOX 618756  
ORLANDO, FL. 32861

DEC.30,2003

DEPT.OF STATE/DIVISION OF CORPS.

TO: WHOM IT MAY CONCERN,

TO MY KNOWLEDGE, OUR OFFICE HAS NOT RECEIVED ANY PRIOR REPORT  
FORMS FOR RENEWING ANNUAL CORPORATION STATUS, THIS YEAR, OTHER  
THAN THIS REINSTATEMENT FORM.

PLEASE WAIVE ANY REINSTATEMENT CHARGE.

THANKS & HAPPY NEW YEAR,  
LUTRELL MEDLOCK