

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN -2 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G02757

1. Corporation Name

ACCENTS ELITE, INCORPORATION

Principal Place of Business

~~4000 SAVAGE CT.~~  
~~LONGWOOD FL 32750~~

Mailing Address

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  
478 E. ALTAMONTE DR.

Suite, Apt. #, etc.

Suite 108-227

City & State

ALTAMONTE SPRINGS, FL

Zip  
32701

Country  
SEMINOLE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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 ☐

\$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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| PDST          | MEDLOCK, LUTRELL                          | 1032 KENMORE STREET                                    | DELTONA FL 32725        |
| V             | MEDLOCK, LUTRELL                          | 1032 KENMORE STREET                                    | DELTONA FL 32725        |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

8. Name and Address of Current Registered Agent

MEDLOCK, LUTRELL

~~1000 SAVAGE CT.~~

~~LONGWOOD FL 32750~~

9. Name and Address of New Registered Agent

Name

MEDLOCK, LUTRELL

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

478 E. ALTAMONTE DRIVE

Suite, Apt. #, Etc.

Suite #108-227

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32701

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 12-30-02

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

12-30-02

Date

407-467-4931

Daytime Phone #

CR2E040 (8/02)

***ACCENTS ELITE***

P.O. BOX 618756  
ORLANDO, FL. 32861

12-30-02

TO: DEPT. OF STATE  
DIV. OF CORPORATIONS

ATTN: TO WHO IT MAY CONCERN,

PLEASE NOTE I AM ENCLOSING FILING FEE OF \$150 FOR ANNUAL REPORT.

I DID NOT RECEIVE ANY PRIOR REPORT FORMS TO COMPLETE AND FILE,  
OTHER THAN THIS CURRENT FORM I AM NOW ENCLOSING.

I AM HEREBY REQUESTING REINSTATEMENT OF ACCENTS ELITE, INC.

THANKS & REGARDS,  
LUTRELL MEDLOCK