

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 DEC 29 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Limited Liability Company's Name

Accelerated Accounting Services LLC.

REINSTATEMENT 10-11

2. Principal Office Address - No P.O. Box # 10256 S US HWY1		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Saint Lucie		City & State	
Zip 34952	Country US	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/06/2009	
6. FEI Number 80-0488971	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Christopher Miano			
Street Address (P.O. Box Number is Not Acceptable) 10256 S US Hwy 1			
Suite, Apt. #, Etc.			
City Port Saint Lucie	State FL	Zip Code 34952	

E-mail Address:

Chrism0240@aol.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Christopher Miano	10256 S US Hwy 1	Port Saint Lucie FL, 34952

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 12/28/11 Daytime Phone # 889/249 9296

Typed or printed name of signing Managing Member/Manager _____