

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**  
**May 11, 2016 08:00 AM**  
**Secretary of State**

**DOCUMENT #** L14337

1. Corporation Name

**ACCS, INC**

900285698139  
08/04/15--01031--021 \*\*1500.00  
900285698139  
05/11/16--01008--002 \*\*158.75  
CR2E081 (11/10)

2. Principal Office Address - No P.O. Box # <b>3625 SR 419</b>		3. Mailing Office Address <b>720 Timacuan Blvd</b>	
Suite, Apt. #, etc. <b>210</b>		Suite, Apt. #, etc.	
City & State <b>Winter Springs, FL</b>		City & State <b>Lake Mary, FL</b>	
Zip <b>32708</b>	Country	Zip <b>32746</b>	Country <b>Seminole</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>9.6.1989</b>	
5. FEI Number <b>59-2968662</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <b>yes</b> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <b>Neal Goldman</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>720 Timacuan Blvd.</b>	
Suite, Apt. #, Etc. <b>Lake Mary</b>	
City <b>FL</b>	Zip Code <b>32746</b>

**WIS-53046**

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

Date **4-29-16**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Neal Goldman	720 Timacuan Br.	Lake Mary, FL. 32746
			S. HAWKES
			MAY 11 A.M.
			EXAMINER

10. E-mail Address: **nealgoldman@msn.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, 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:**