

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L25003

1. Corporation Name

ACCENT MIRROR & GLASS INC.

Principal Place of Business

Mailing Address

16165 So. TAMiami TRAIL
FORT MYERS, FL 33908

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

16165 So TAMiami TR
Suite, Apt. #, etc.

16165 So TAMiami TR
Suite, Apt. #, etc.

City & State
FORT MYERS FL.

City & State
FORT MYERS FL

Zip 33908 Country Lee

Zip 33908 Country Lee

4. Date Incorporated or Qualified
To Do Business in Florida

OCT 1989

5. FEI Number

65 015 3828

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>Pres/Sec.</u>	<u>Robert D. Sheehan</u>	<u>250 CHRISTOPHER COURT</u>	<u>SANIBEL, Fla. 33959</u>

600002171636-4
-05/08/97--01073--016
***1418.75 ***1418.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Robert D. SHEEHAN

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

16165 So TAMiami TRAIL

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33908

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/30/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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] Robert D. SHEEHAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97
Date

941-489-3813
Daytime Phone #

CR2E040 (12/96)