FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 28249

1. Corporation Name

ACCREDITED DEVELOPMENT CO.

REINSTATEMENT 96-01

2. Principal Office Address	3. Mailing Office Address
2943 MYRTLE OAK CIR.	2943 MYRTLE OAK CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE FL.	City & State: DAVIE FL.
Zip: 33328 Country: USA	Zip: 33328 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 11-8-1989

5. FEI Number: 650152164 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $ [illegible]

7. Name and Address of Current Registered Agent

Name: GIROLAMO J. LICARI

Street Address (P.O. Box Number is Not Acceptable): 2943 MYRTLE OAK CIR.

Suite, Apt. #, Etc.:

City: DAVIE State: FL Zip Code: 33328

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***1500.00 ***1500.00

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: Girolamo J. Licari
REGISTERED AGENT MUST SIGN

Date: APRIL 3, 2001

CR2E061 (9/00)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S	GIROLAMO J. LICARI	2943 MYRTLE OAK CIR	DAVIE FL. 33328

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******8.75 ******8.75

10. 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: Girolamo J. Licari GIROLAMO J. LICARI 4-3-2001 (954)370-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #