1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 17 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M88059

1. Corporation Name
ACCURATE LINES, INC.

800025552688
12/17/03--01017--030 **150.00

03

2. Principal Office Address	**3.** Mailing Office Address
1221 NELSON St.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DUNEDIN, FL	City & State
Zip: 34698 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/27/88

5. FEI Number: 59-2899330 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

REINSTATEMENT

Name: STEPHEN M. BANKS

Street Address (P.O. Box Number is Not Acceptable): 1221 NELSON St.

Suite, Apt. #, Etc.:

City: DUNEDIN State: FL Zip Code: 34698

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: Stephen M Banks Date: 12-10-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
SECR.	DONNA L. BANKS	1221 NELSON St.	DUNEDIN, FL 34698

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.

DONNA L. BANKS

SIGNATURE: Donna L. Banks 12/10/03 727-430-5581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BB

Dec. 10, 2003

To Whom It May Concern:

I am writing to you in regard to the dissolution of Accurate Lines, Inc. We moved from Palm Harbor, Florida in April of 2002. When the filing bill was mailed to us in January of 2003 we never received it, nor did we received the 2nd notice or Notice of Dissolution. I apologize for not remembering that it was due.

We appreciate the reinstatement of Accurate Lines, Inc. Our correct address is

Accurate Lines, Inc.
1221 Nelson St.
Dunedin, Fl.34698

Please be sure that the new bill for 2004 is sent to this address.

Thank You

Donna Banks