

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N00000003375**

1. Corporation Name

**ACCENT MIAMI, INCORPORATED**

FILED

02 JUL 24 AM 7:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

736 13TH STREET, #111  
MIAMI BEACH FL 33139

736 13TH STREET, #111  
MIAMI BEACH FL 33139



**REINSTATEMENT**

*21-02*

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/18/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MAXWELL, AUGUSTO E	736 13TH STREET, #111	MIAMI BEACH FL 33139
D	BENITEZ, HUGO	1230 S.W. 84TH AVENUE	MIAMI FL 33174
D	MCINNIS, JOHN	17034 S.W. 33RD COURT	MIAMI FL 33029
D	FRANK CASALE	1447 S.W. 15th Street	MIAMI, FL, 33135
D	SARAH MUÑOZ	1450 LINCOLN TERRACE	MIAMI BEACH, FL 33139

8. Name and Address of Current Registered Agent

MAXWELL, AUGUSTO E  
736 13TH STREET, #111  
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

7000006875447--5

08/02/02 01046 002

\*\*\*297.5 FL \*\*\*297.50

CR2E040 (8/01)

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 REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

4/29/02

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., 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (305)755-5827

Date

/ Daytime Phone #