

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 22 AM 8:00

DOCUMENT # N98000002884

1. Corporation Name

FRIENDS OF ACCORD, INC.

333 W ALFRED ST
333 W ALFRED ST

2. Principal Office Address

333 W ALFRED ST

3. Mailing Office Address

333 W ALFRED ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVARES, FL

City & State

TAVARES, FL

Zip

32778

Country

USA

Zip

32778

Country

USA

REINSTATEMENT

03-04
MRD

000038159820

06/22/04--01045--003 **306.25

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/18/98

5. FEI Number
911984621

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

Name

MICHAEL E SCALETTA

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

260 WEST SPRING LAKE DRIVE

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State
FL

Zip Code
32714

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

Michael E Scaletta

Date

6/15/04

REGISTERED AGENT MUST SIGN

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	JEAN RICHARDSON	1403 SADDLERIDGE DRIVE	ORLANDO/FL/32835
V/S	JOAN SCALETTA	260 WEST SPRING LAKE DRIVE	ALTAMONTE SPRINGS/FL/32714
V/T	ADRINNA OTTO	333 W ALFRED ST	TAVARES/ FL/32778
BOD	TERRANCE A OTTO	333 W ALFRED ST	TAVARES/ FL/32778
BOD	DONALD E LYMAN	333 W ALFRED ST	TAVARES/ FL/32778
BOD	MICHAEL E SCALETTA	260 WEST SPRING LAKE DRIVE	ALTAMONTE SPRINGS/FL/32714

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:

Michael E Scaletta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/04
Date

407-863-3843
Daytime Phone #

CR2001 (01/04)