

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10PZ

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 28 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **700000068861**

1. Corporation Name

ACCUMEN INC

2. Principal Office Address

503 LAVERNILL LANE

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL.

Zip

34695

Country

FLORIDA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL.

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

7/19/2000

5. FEI Number

59-3662007

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

MARC DIPERD

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

503 LAVERNILL LANE

Suite, Apt. #, Etc.

City

SAFETY HARBOR

State

FL

Zip Code

34695

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

MARC DIPERD

REGISTERED AGENT MUST SIGN

Date

12/26/06

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
PRESIDENT	MARC DIPERD	503 LAVERNILL LANE	SAFETY HARBOR, FL.
			34695
			200082740012
			12/23/06--01026--017 **500.00

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 contained in Chapter 119, 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:

MARC DIPERD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/06

Date

83-789

8943

Daytime Phone #

2 of 2

December 18, 2006

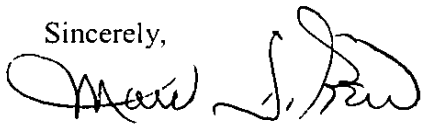
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

To Whom It May Concern:

I am providing the enclosed request for reinstatement of Accumen Inc. along with the requisite fees. I am requesting that the reinstatement fee of \$600 be waived because the annual report notices were not received due to my having moved twice since the address that is shown as the corporate location. The filing of the annual reports was inadvertently overlooked due to not having received the notices. This corporation has almost no annual activity.

Thank you in advance for your consideration.

Sincerely,



Marc DiPiero

YEARS TO REINSTATE:
2003
2004
2005
2006