

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -6 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003 WOP



600026168548
01/06/04--01062--006 **600.00

DOCUMENT # P00000080558

1. Corporation Name

ACCENT MOSAICS, INC.

Principal Place of Business

Mailing Address

7448 S. FEDERAL HWY
PORT ST LUCIE FL 34952

P.O. BOX 4197
VERO BEACH FL 32964

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

08/21/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1047192

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	CHITTENDEN, ROBERT E	PO BOX 4197	VERO BEACH FL 32964

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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:

Robert E. Chittenden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-30-03 772 538 467

 202

December 30, 2003

ACCENT MOSAICS, INC.

P.O. Box 4197

Vero Beach FL. 32964

Dear State of Florida,

We did not receive the prior UBR and most certainly do not wish our corporation be dissolved. I have enclosed the \$600.00 fee that is owed.

Thank You and Happy New Year

Robert Chittenden



President

12-30-03

form to wrong fax?