

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000113811

1. Corporation Name

ACCENTS OF WELLINGTON, INC.

Principal Place of Business

15766 BENT CREEK ROAD
WELLINGTON FL 33414

Mailing Address

15766 BENT CREEK ROAD
WELLINGTON FL 33414

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2001

5. FEI Number

651067987

Applied For

Not Applicable

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	GONZALEZ, ROLANDO	15766 BENT CREEK ROAD	WELLINGTON FL 33414

780008575357
10/24/02--01086--014 **150.00

8. Name and Address of Current Registered Agent

GONZALEZ, ROLANDO
15766 BENT CREEK ROAD
WELLINGTON FL 33414

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

Rolando Gonzalez Jr
REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

Rolando Gonzalez Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/02

Daytime Phone #

(561)
784-9146

CR2E040 (8/02)

20f2

Rolando Gonzalez
Accents of Wellington
15766 Bent Creek Road
Wellington, FL 33414

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

October 21, 2002

To whom it may concern:

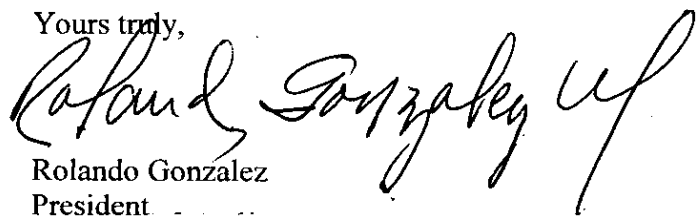
This letter is in response to a notice received today, October 21, 2002, containing a certificate dated October 4, 2002, stating that this corporation was dissolved, due to failure in filing its annual report.

Please be advised that Uniform Business Report notices were NOT received at any time, or by anyone in this corporation.

Enclosed find our check in the amount of \$150.00, to cover the cost of reinstatement.

Thank you for the attention given to this matter.

Yours truly,


Rolando Gonzalez
President

