

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

03 OCT 16 PM 1:50

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2001

5. FEI Number

65-1067987

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

200023857382
10/16/03--01059--009 **150.00

10/20

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, ROLANDO
15766 BENT CREEK ROAD
WELLINGTON FL 33414

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

10/11/2003

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.

ROLANDO GONZALEZ JR

SIGNATURE:

Rolando Gonzalez Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/2003 CELL-501-723-1835

CR2040 (7/03)

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

October 11, 2003

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

RE: FEI number: 65-1067987
Corporation name: Accents of Wellington
Document Number: P00000113811

To whom it may concern:

By these means I would like to request the reinstatement of the above corporation.
Regretfully, I either did not receive the application for renewal.

Enclosed please find check number 1122, in the amount of \$150.00, to cover the fee for
reinstatement. Thank you.

Yours truly,



Rolando Gonzalez
President