

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 JAN 29 AM 10: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000003230

1. Corporation Name

ACCENT WOODWORKING INC.

500140363185
01/29/09--01046--017 **308.75

500140363185
01/12/09--01054--004 **150.00

2. Principal Office Address - No P.O. Box #

6360 39th Street N

3. Mailing Office Address

6360 39th Street N

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Pinellas Park, FL

City & State

Pinellas Park, FL

Zip

33781

Country

USA

Zip

33781

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593692649

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

Janet Carnevali

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

681 Casler Avenue

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33755

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

12-8-08

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
DIR	Janet L. Carnevali	681 Casler Avenue	Clearwater, FL 33755
DIR	Richard P. Carnevali	681 Casler Avenue	Clearwater, FL 33755

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:

Janet L. Carnevali
Janet L. Carnevali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-8-08

Daytime Phone #

727
522-2700