

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000052428

1. Corporation Name

ABSOLUTE CONCIERGE SERVICES, INC.

Principal Place of Business

1817 CROWN POINT WOODS CIR.
OCOE FL 34761

Mailing Address

1817 CROWN POINT WOODS CIR.
OCOE FL 34761

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

2. New Principal Office Address, If Applicable

5401 S. Kirkman Road

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

Suite 304

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Zip

32819

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/2001

5. FEI Number

59-3722315

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPST	JETER, SANDRA	1817 CROWN POINT WOODS CIR.	OCOE FL 34761

200008835102
11/06/02--01121--001 **150.00

8. Name and Address of Current Registered Agent

MILLER, SOUTH & MILHAUSEN, P.A.
2699 LEE ROAD, SUITE 120
WINTER PARK FL 32789

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.

Miller, South, and Milhausen, P.A.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-25-02

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:

SIGNATURE REQUIRED

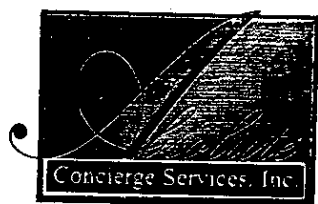
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-02 (407) 822-9300

Date

Daytime Phone #

CR2E040 (8/02)



October 24, 2002

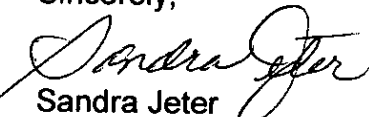
Florida Department of State
Division of Corporations
Jim Smith, Secretary of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Smith:

I, L. Sandra Jeter, President of Absolute Concierge Services, Inc. did not receive the Department of State Forms. Being a new Corporation, I was not aware of these administrative forms, nor did I know what to look for. Please accept my apologies in this matter.

I would like to ask if the \$600 reinstatement fee could be waived. And would like to thank you in advance for your understanding. If you need to speak to me please contact me at these numbers. Office (407) 822-9300 or cell phone (407) 247-4605.

Sincerely,


Sandra Jeter
President/CEO