

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000034004

1. Corporation Name

Accent On Quality Fiberglass Waterproofing, Inc.

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

2502 Blossom Lake Drive

Suite, Apt. #, etc.

City & State

Holiday, FL

Zip

34691

Country

US

3. Mailing Office Address

2502 Blossom Lake Drive

Suite, Apt. #, etc.

City & State

Holiday

Zip

34691

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

3/2002

5. FEI Number
02-0627364

☐ 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
Yunier Garcia

Street Address (P.O. Box Number is Not Acceptable)
2502 Blossom Lake Drive

Suite, Apt. #, Etc.

City
Holiday

State
FL

Zip Code
34691

☒ 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

1/29/09

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
V	Noelvys A. Mir	2502 Blossom Lake Drive	Holiday, FL 34691

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:

Noelvys A. Mir

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/09

Daytime Phone #

(727) 947-3091

FILED

2009 MAR -9 PM 12: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900142831559
02/04/09--01034--003 **150.00

900142831559
03/05/09--01039--014 **300.00

REINSTATEMENT 01-01

**Accent On Quality Fiberglass
Waterproofing, Inc.
2502 Blossom Lake Drive
Holiday, FL 34691
Tel. (727) 647-5924
Fax (727) 947-3091**

January 30, 2009

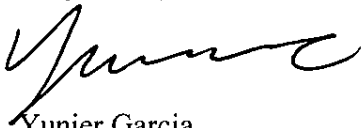
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to inform you that a reinstatement application, along with a check in the amount of \$150.00 are being submitted along with this letter for the above corporation. The corporation has been dissolved for more than one year. The address listed as the principal/mailling address is not the correct address. Therefore, we have not received any of the notices.

I apologize for any inconveniences that this may have caused. I would like to get all the documentation regarding this corporation at the address listed above in this letter. Thank you for your anticipated collaboration in this matter. If you have any further questions please do not hesitate to contact me at any time.

Respectfully,



Yunier Garcia
President