

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 13 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000033093

1. Corporation Name

ACCURATE PROFESSIONAL SERVICES, INC

400134434334
08/13/08--01026--013 **1393.75

REINSTATEMENT

0408

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

1001 N FEDERAL HIGHWAY

Suite, Apt. #, etc.

353

City & State

HALLANDALE BEACH FL

Zip

33009

Country

USA

3. Mailing Office Address

1001 N FEDERAL HIGHWAY

Suite, Apt. #, etc.

353

City & State

HALLANDALE BEACH FL

Zip

33009

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/2003

5. FEI Number

☒ 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

FLORINA IOSIFOV

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

1001 N FEDERAL HIGHWAY

Suite, Apt. #, Etc.

353

City

HALLANDALE BEACH

State

FL

Zip Code

33009

☐ 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

Florina Iosifov

REGISTERED AGENT MUST SIGN

Date 8/1/08

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 |
|--------|--------------------------------------|---|---------------------------|
| VP | FLORINA IOSIFOV | 1001 N FEDERAL HWY SUITE 353 | HALLANDALE BEACH FL 33009 |
| P | KAREN GABRIELIAN | 1001 N FEDERAL HWY SUITE 353 | HALLANDALE BEACH FL 33009 |
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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:

Florina Iosifov

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/01/2008 954.512.4541

Date

Daytime Phone #