PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 JUL 16 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000047098

1. Corporation Name
AMERICAN ACCENT, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
285 N. Grove Street		295 N. Grove Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Merritt Island, FL		City & State: Merritt Island, FL	
Zip: 32953	Country: USA	Zip: 32953	Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 3/10/2004

5. FEI Number: 200818664 ☐ 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: Gina D. Church

Street Address (P.O. Box Number is Not Acceptable): 1250 John's Circle

Suite, Apt. #, Etc.

City: Merritt Island | State: FL | Zip Code: 32952

600237432186
07/13/12--01032--008 **1050.00

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: Gina D. Church Date: 4/27/12
REGISTERED AGENT MUST SIGN

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
P	Gina D. Church	1250 John's Circle	Merritt Island, FL 32952
V	Katherine J. Wagner	315 Washington Ave.	Cape Canaveral, FL 32920
	REINSTATEMENT	JUL 16 2012	
		R. HUNT	

10. E-mail Address: tdurocher@carltonfields.com and flbeachgirlforlife@yahoo.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Gina D. Church Gina D. Church 4/27/12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #