PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

06 DEC 13 PM 2: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION	
REINSTATEMENT	

Total Control

FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

1

Accessory Concept Consultants, Inc

Wolfood	13028.7		
2. Principal Office Address	3. Mailing Office Address	\bigcirc .	
1286 Ranchwood Dr E	1286 Ranchwood Dr Em	EINSTATEMENT (
Suite, Apt. #, etc.	Suite, Apt. #, etc.	EMOINTENE F	
		4. Date Incorporated or Qualified To Do Business in Florida	
City & State	City & State	5. FEI Number Appli	ied For
Dunedin, FL	Dunedin, FL _	• • • • • • • • • • • • • • • • • • •	Applicat
Zip Country	Zip Country	6. SECTION AT OF STATUS DESIGNS \$8.75 Additional F	00 (00)
34698 USA	34698 USA	CERTIFICATE OF STATUS DESIRED for a Certificate	
	7. Name and Address of Current Register	ed Agent	
Name Tammy hat	oruuere		Ī
Street Address (P.O.Box Number is N. 1285 Rancho	Iot Acceptable)		İ
Suite, Apt. #, Etc.			i
Dunedin,		State Zip Code FL 34698	<u> </u>
8. I being appointed the registered agent of the abo	ove named corporation, am familiar with and accept the o	bligations of section 607.0505 or 617.0503, F.S.	

Signature o Registered	Agent \ /amma () lax	Strucken GENT MUST SIGN	Date			
9. Name:	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			
7	TammyLabruyere	1286 Ranchwood Dr E	Dunedin, FL 34698			
D	Richard Skagas	1286 Ranchwood. Dr E	Dunedin, FL 34698			
	90					
	·	11/1	(/0601077001 **3 00.00			

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:

Janny	1 No Bru	use Tammy	1 LABRI
NATURE AND TYPED	OR PRINTED NAME OF S	INING OFFICER OR DIRECTOF	ł

600 BYPASS DRIVE SUITE 115 * CLEARWATER, FL 33764 * (727) 799-1040

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November 28, 2006

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

RE: Accessory Concept Consultants, Inc Doc # P04000069559

To Whom It May Concern:

Enclosed is the corporation reinstatement for Accessory Concept Consultants, Inc, along with a check in the amount of \$300.00. This is being filed now due to the fact that the notice that is sent as a reminder to all businesses to pay the annual corporation fee was never received. The Dissolution notices not received were for the years 2005 and 2006.

Thank you in advance for your consideration in this matter. Should you have any questions, please contact me at (727) 799-1040.

Sincerely,

Middle & Brown

Michael L Bruno, EA MBA