

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUN -9 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P07000108527**

1. Corporation Name

Accurate & Professional Services, Inc

400181892704
06/09/10--01039--009 **900.00

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

150 N.W 120 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

150 N.W 120 Terrace

Suite, Apt. #, etc.

REINSTATEMENT - 09-10
CR28081 (6/10)

City & State

Miami

City & State

Miami

Zip

FL.

Country

USA

Zip

FL.

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

13-4366211

☐ 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

ANDY LOUISSAINT

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

150 N.W 120 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33168

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **06/07/2010**

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
PO	ANDY LOUISSAINT	150 N.W 120 Terr. Miami FL.	33168
	AKA		

10. E-mail Address:

ANDYLOUISSAINT@hotmail.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., 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/07/2010 (305) 984 1025

Date

Daytime Phone #