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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : BERGER SINGERMANN - FORT LAUDERDALE
Account Number : I20020000154
Phone : (954)525-9900
Fax Number : (954)523-2872

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Donna@accu-cut.com

**CORPORATION REINSTATEMENT
ACCU-CUT SERVICE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00

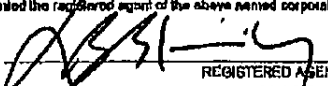
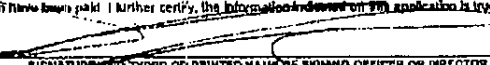
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ALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P08000043287			
1. Corporation Name Accu-Cut Service, Inc.			
2. Principal Office Address - No P.O. Box # 28114 County Road 561 Suite, Apt. #, etc.		3. Mailing Office Address 28114 County Road 561 Suite, Apt. #, etc.	
City & State Tavares, FL		City & State Tavares, FL	
Zip 32778	Country	Zip 32778	Country
4. Date Incorporated or Qualified To Do Business in Florida 4/29/2008			
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 Lawrence B. Steinberg Street Address (P.O. Box Number is Not Acceptable) 2650 N. Military Trail Suite, Apt. #, Etc. Suite 240 City Boca Raton			
		State FL	Zip Code 33431
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S. Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 10/5/2010			
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
P	Scott Brockie	28114 County Road 561	Tavares, FL 32778
10. E-mail Address: Donna@accu-cut.com			
(To be used for future written report notification)			
11. I certify that I am an officer or director of 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 required by the corporation have been paid. I further certify, the information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		Date 10/6/10 Daytime Phone #	

09-10 REINSTATEMENT

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