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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 SINGERMAN - 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
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Page Count	01
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09-10 REINSTATEMENT

DOCUMENT # P08000043287

1. Corporation Name
Accu-Cut Service, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
28114 County Road 561	28114 County Road 561
Suite, Apt. #, etc.	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 ☐ $6.75 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 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 10/5/2010

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	Scott Brockie	28114 County Road 561	Tavares, FL 32778

10/11

10. E-mail Address: Donna@accu-cut.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] 10/6/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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