

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 13 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 11031

1. Corporation Name
Accents & Gifts Co.

2. Principal Office Address
22287 Croom Rd

3. Mailing Office Address
22287 Croom Rd
Same

Subj. Apt. #, etc.

City & State
Brooksville FL

City & State
Brooksville FL

Zip Country
34601 USD

Zip Country
34601 USD

REINSTATEMENT 09-03

900023743969
10/13/03--01020--025 **1350.00

4. Date Incorporated or Qualified To Do Business in Florida
8-6-86

5. FEI Number
84-0896574

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
Patrick J Kennedy

Street Address (P.O. Box Number is Not Acceptable)
22287 Croom Rd

Subj. Apt. #, Etc.

City
Brooksville

State
FL

Zip Code
34601

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0603, F.S.

Signature of Registered Agent
[Signature]

REGISTERED AGENT MUST SIGN

Date
10/10/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P</i>	<i>Patrick J Kennedy</i>	<i>22287 Croom Rd</i>	<i>Brooksville FL 34601</i>

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 under section 119.07(3)(D), 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: *[Signature]*

DATE: *10-10-03*

DAYTIME PHONE: *813.610.9262*

Cession (1/03)

gr 10/13