


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 14 PM 2:07
TALLAHASSEE

DOCUMENT # P93000066498
1. Corporation Name
ACCUTECH DISTRIBUTORS INC

[Handwritten signature]

REINSTATEMENT
CR2E081 (12/05)

2006

WOP

2. Principal Office Address 15489 MIAMI LAKEWAY N.		3. Mailing Office Address SAME	
Suite, Apt. #, etc. 205		Suite, Apt. #, etc. SAME	
City & State MIAMI LAKES, FL.		City & State SAME	
Zip 33014	Country USA	Zip 33014	Country USA

4. Date Incorporated or Qualified To Do Business in Florida SEPT 23/1993	
5. FEI Number 65-0440240	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name ROLANDO COSTA; 15489 MIAMI LAKEWAY N.	
Street Address (P.O. Box Number is Not Acceptable) 15489 MIAMI LAKEWAY N.	
Suite, Apt. #, Etc. 205	
City MIAMI LAKES,	State FL
Zip Code 33014	

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 ROLANDO COSTA Date 11/7/06

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
PRES	ROLANDO COSTA	15489 MIAMI LAKEWAY N.	APT 205 MIAMI LAKES, FL 33014
TR	DELIA COSTA	15489 MIAMI LAKEWAY N.	APT 205 MIAMI LAKES, FL 33014
SEC	AMELIA COSTA TRUJILLO	553 N.E. 91 St.	MIAMI SHORES, FL 33137
S.V	COSTA EDMUNDO	610 SPRING ST,	SANTA CRUZ, CA 95060

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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date 11/7/06 Daytime Phone # (305) 825-0904