

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 16 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000090539
1. Corporation Name
ACCURA BUILDERS INC.

2. Principal Office Address
4576 NW 16th Ter
Suite, Apt. #, etc.

3. Mailing Office Address
SAME AS # 2
Suite, Apt. #, etc.

City & State
FT. LAUD. FL.
Zip Country
33309 Broward.

City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida Dec 9-1994
5. FEI Number 650545687 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name Larry Sharpe 700040223677
Street Address (P.O. Box Number is Not Acceptable) 4576 NW 16th Ter 08/16/04 01079-004 **300.00
Suite, Apt. #, Etc.
City State Zip Code
FT. LAUD. FL 33309

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 Larry Sharpe Date 8-12-04
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	Larry Sharpe	4576 NW 16 th Ter	FT. LAUD. FL. 33309

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 corporation 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)(i), 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: Larry Sharpe 8-12-04 954-776-5014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)