



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b>  03 OCT 13 PM 1:21  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # P95000053604</b>					
1. Corporation Name <b>ACCENT GOLF CARS, INC.</b>					
Principal Place of Business <b>4519 SOUTH ORANGE BLOSSOM TRAIL KISSIMMEE FL 34746 US</b>		Mailing Address <b>4519 SOUTH ORANGE BLOSSOM TRAIL KISSIMMEE FL 34746 US</b>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable <b>4551 S. ORANGE BLOSSOM TRAIL</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <b>4551 S. ORANGE BLOSSOM TRAIL</b> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>07/07/1995</b>	
City & State		City & State		5. FEI Number <b>59-3327826</b>	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip		
PSD	COLLINS, ALLAN	736 YUCATAN COURT	KISSIMMEE FL 34758		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
<b>COLLINS, ALLAN 736 YUCATAN COURT PONCIANA FL 34758</b>		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City	State <b>FL</b>	Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.					
Signature of Registered Agent 		Date <b>10 08 03</b>			
REGISTERED AGENT MUST SIGN					
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 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: 		ALLAN ROBERT COLLINS		10 08 03 407 847 3444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E040 (7/03)

# ACCENT GOLF CARS, INC

4551 South Orange Blossom Trail, Kissimmee, Florida 34746

Phone: 407-847-3444

Fax: 407-847-9080

allan@accentgolfcars.com

www.accentgolfcars.com

October 8th, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

**Re: Waiver of Administrative Dissolution Document # P96000053604**

Dear Sirs,

I request a waiver of the Administrative Dissolution or Revocation in respect to this corporation since the original Annual Report Form was not delivered to us. This was probably due to the incorrect address being used. In future, all correspondence should be addressed as above.

I enclose our Application for Reinstatement and our check # 25098 in the sum of \$150.00.

Yours Faithfully,



Allan R. Collins

President - Accent Golf Cars, inc.

