

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 13 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000064749**

1. Corporation Name

**ACCU-TECH POLYMERS INC.**

2. Principal Office Address

**7804 LAKESIDE BLVD**

Suite, Apt. #, etc.

**UNIT 406**

City & State

**BOCA RATON FL**

Zip

**33434**

Country

**USA**

3. Mailing Office Address

**1736 Avenida Del Sol**

Suite, Apt. #, etc.

City & State

**BOCA RATON, FL**

Zip

**33432**

Country

**USA**

**REINSTATEMENT 02-03**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2/10/96**

5. FEI Number

**650603610**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**STUART KLEIN \***

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

**7804 LAKESIDE BLVD.**

Suite, Apt. #, Etc.

**UNIT 406**

City

**BOCA RATON**

State  
**FL**

Zip Code

**33434**

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

*Stuart Klein*

REGISTERED AGENT MUST SIGN

Date **2/11/03**

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**

**MILDRED KLEIN**

**7804 LAKESIDE BLVD**

**BOCA RATON FL 33434**

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**ORIGINAL AGENT IS NO LONGER IN FLORIDA**

**Replaced by STUART KLEIN BY ORIGINAL AGENT**

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)(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:

*Mildred Klein*

**MILDRED KLEIN**

**2/11/03**

**561-347-2299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)