

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000073786

1. Corporation Name

ACCELERATED BENEFITS CORPORATION

Principal Place of Business

105 E. ROBINSON ST.
SUITE 222
ORLANDO FL 32801
US

Mailing Address

P.O. BOX 2333
ORLANDO FL 32801

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

12 Greenway Plaza
Suite, Apt. #, etc.
Suite 1123
City & State
Houston Texas

3. New Mailing Office Address, If Applicable

12 Greenway Plaza
Suite, Apt. #, etc.
Suite 1123
City & State
Houston, Texas

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1995

5. FEI Number

59-3346525

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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
PST	LAMONDA, JESS	105 E. ROBINSON ST. SUITE 222 3201 Norfolk St., # 22302	ORLANDO FL 32801 Houston, TX 77078

REINSTATEMENT 01-02

000007979440--0

-09/24/02-01030-009

****908.75 ****908.75

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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.

Signature of
Registered Agent

Brian Courtney
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date

9/11/02

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:

Dr. Jess LAMONDA, Ed. D. President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/11/02
713.425.4456

Daytime Phone #

CR2E040 (8/01)