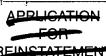
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED SECRETARY OF STATE 'TALLAHASSEE, FLORIDA

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10/19/2001 727-323-Dafe Daytime Phone #





FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000096236**

1. Corporation Name

SIGNATURE:

ACCENT PRINTING, INC.

Principal Pl	ace of Business	ess						
SUITE 110 110 ST. PÉTERSBURG FL 33701 ST. F US US		110 St. Petersbi US	T. PETERSBURG FL 33701 S					
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail 3. New Mail			ing Office Address, If Applicable -		Date Incorporated or Qualified To Do Business in Florida 12/20/1995			
Suite, Apr. #, etc. St. Petersburg Fl City & State Zip Country City & State Zip Country Zip			schurg FL 6.			59-3366901 Applied For Not Applicat		Applied For Not Applicable lonal Fee required
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip			
P	MOORE, DONNA J	501 FIRST AVE NO #T10 3/00 First Ave. N			ST. PETERSBURG FL	33;	7/_3	
٧	ROY, JENNIFER	501 FIRST AVE N #110 3/00 First Aue. N			ST PETERSBURG FL		723	
ST	MOORE, WILLIAM H	501 FIRST AVE N #110 3/00 First Ave. N			ST PETERSBURG FL	33	2/3	
			40			00047055641 -12/05/0101025013 ****150.00 ****150.00		
	Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
				Name				
Deane, William W 1597 62ND avenue n				Street Address (P.O. Box Number is Not Acceptable)				
ST. PETERSBURG FL 33702			Suite, Apt. #, Etc.					
		City			tate Zip Co	ode		
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 o Registered	Agent	GISTERED AG	ENT MUST SIGN			Date	16/01	

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



3100 First Avenue North
St. Petersburg, FL 33713
Ph. (727) 323-COPY (2679)
Fax (727) 321-2679

October 22, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL
32314-6327

To Whom It May Concern

As per instructions over the phone I am writing to request waiver of the re-instatement fee and am enclosing a check for the \$150.00 Annual Report and Corporate Supplement Fees. Please note that our address has changed. Our place of business moved to this new location in December of 2000. I would assume that is why we received no previous notices. We changed our address with the state quite some time ago; exact date of which I am unsure. Our registered agent of record made no mention of filling these documents before we received this recent notice. For this reason we would appreciate review of the re-instatement charges and a release of those additional fees. Thank you

Sincerely

Donna Moore, President