

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 12, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P95000096236

1. Corporation Name

ACCENT PRINTING, INC.

2. Principal Office Address

3100 First Avenue North

Suite, Apt. #, etc.

3. Mailing Office Address

3100 First Avenue North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33713

Country

USA

Zip

33713

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1995

5. FEI Number

59-3366901

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

DEANE, WILLIAM W

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

1597 62nd Avenue North

Suite, Apt. #, Etc.

City

St. Petersburg

State
FL

Zip Code
33702

REINSTATEMENT

03

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

William W. Deane

Date

12/10/03

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	MOORE, DONNA J	3100 First Avenue North	St. Petersburg, FL 33713
V	ROY, JENNIFER	3100 First Avenue North	St. Petersburg, FL 33713
ST	MOORE, WILLIAM H	3100 First Avenue North	St. Petersburg, FL 33713

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:

Donna J Moore President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/03

Date

Daytime Phone #

727-323-2679

CR2E081 (10/02)