

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1998-05

DOCUMENT # P-97000006203

1. Corporation Name

ACCENT FIBERGLASS, INC.

FILED

05 AUG 11 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

1801 N. Highland Ave
Suite, Apt. #, etc.

3. Mailing Office Address

1725 GREENLEA DR
Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33755

Country

USA

Zip

33755

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593412050

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

CHARLES GILL

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

1725 GREENLEA DR

Suite, Apt. #, Etc.

200058475852
08/11/05--01026--001 **1000.00

City

Clearwater

State

FL

Zip Code

33755

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

Charles Gill

REGISTERED AGENT MUST SIGN

Date

8/3/05

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
PSTO	Charles Gill	1725 Greenlea Dr.	Clearwater, FL 33755
			<u>200058475852</u> 08/11/05--01026--002 **800.00

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:

Charles Gill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/05

Date

727 804 5256

Daytime Phone #

CR2E081 (01/05)