

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC 11 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 997000069233

1 Corporation Name

ACCENTS AND ACCESSORIES, INC.

Principal Place of Business

Mailing Address

13864 S.W. 88TH STREET  
MIAMI, FLORIDA 33186

REINSTATEMENT

98

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

2. New Principal Office Address, If Applicable  
See Above

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida 8-8-97

Suite Apt # etc

Suite, Apt #, etc.

5. FEI Number  
65-0772450

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	WILLIAM D. WHALEN	2475 S.E. 7TH PL.	HOMESTEAD, FLORIDA 33033
V.P.	CATHERINE S. WHALEN	2475 S.E. 7TH PL.	HOMESTEAD, FLORIDA 33033

100002713441-9  
-12/15/98-01087-024  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVID LAURENCE P.A.  
215 NORTH FEDERAL HIGHWAY  
DANIA, FLORIDA 33004

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

*David Laurence*  
REGISTERED AGENT MUST SIGN

Date 12-09-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30. Yes  No

(See other side for information  
on intangible tax.)

12. 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:

*Catherine S. Whalen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-9-98

Daytime Phone # 305 387-0108