		PLEASE READ	ALL INST	RUCT	IONS	BEFORE C	OMPLET	ING THIS FO	RM.	1/	1 2	
APPLICATION CONTROL OF CHAPTER OF STATE DIVISIT OF CHAPTORATIONS								FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA				
DOCUMENT # P9700069868 1. Corporation Name								01 OCT 15 PM 4: 01				
ACCE	LERATE	D DATA WORKS	S, INC.									
Principal Place of Business Mailing Addre					ess							
2831 NORTHWEST 41 STREET 2831 NORTH SUITE B SUITE B GAINESVILLE FL 32606 GAINESVILLE												
If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Ma				information and enter correction below. iling Office Address, If Applicable			Date Incorporated or Qualified					
Suite, Apt. #, etc. Suite, Apt. #				etc.			To Do Business in Florida 08/11/1997 5. FEI Number Applied For					
City & State City & State				·				65-0765335			Not Applicable	
Zip Country Zip			Zip	Country			6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status					
7. Names	and Street Add	dresses of Each Officer and	or Director (Flo	ida nonprof	it corpora	tions must list at lea	st 3 directors)					
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director								
D	TAMBLING, BRETT C			2831 NORTHWEST 41 STREET				GAINESVILLE FL 32606				
D	TAMBLING, KENT B			2831 NORTHWEST 41 STREET			GAINESVILLE FL 32606					
							30		700046531337 -10/30/0101003021 ****150.00 ****150.00			
							SP					
Name and Address of Current Registered Agent Name							9. Name and A	ddress of New Regis	tered A	gent		
TAMBLING, BRETT C 2831 NORTHWEST 41 STREET SUITE B						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.						
GAINE	SVILLE FL 3	12606				City		***	State	Zip Co	de	

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

MEGISTERED AGENT MUST SIGN

Date _____10-12-01

11. I certify that I am an officer or director or the receiver or trystee/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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-335-6500, x /8 /



October 12, 2001

Department of State Division of Corporations PO BOX 6327 Tallahassee, FL 32314

To Whom It May Concern:

As per our conversation with one of your representatives, I am including a letter with our filing and payment. The purpose of this letter is to inform you that we did not receive previous requests this year for our Uniform Business Report 2001. I have taken appropriate action to insure subsequent annual registrations be scheduled such that in the event we do not receive requests in the future, a member of our staff will be responsible for contacting you and getting the Uniform Business Report filed within the required time frame.

Sincerely,

Brett C. Tambling President CEO

800-655-6505, x101

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