

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris,  
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 28 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P-97000076543

1. Corporation Name

Accurate Communication Services, Inc.

Principal Place of Business

Mailing Address

Route 11, Box 36202  
Pinemount Road  
Lake City, Florida 32024

Post Office Box 1592  
Lake City, Florida 32056

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

SP

4. Date Incorporated or Qualified  
To Do Business in Florida  
September 2, 1997

5. FEI Number

59-3464761

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P & T	Lawrence D. Bowen	Route 11, Box 36202 Pinemount Road	Lake City, Florida 32024
V & S	Nicholas L. Kottyan	Route 11, Box 36202 Pinemount Road	Lake City, Florida 32024

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-01/07/00--01003--012  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

Lawrence D. Bowen  
Route 11, Box 36202  
Pinemount Road  
Lake City, Florida 32024

9. Name and Address of New Registered Agent

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

*Lawrence Bowen*

REGISTERED AGENT MUST SIGN

Date December 21, 1999

11. This corporation owes 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Nicholas L. Kottyan*

Nicholas L. Kottyan

12/21/99

Date

904-752-2722

Daytime Phone #