

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -2 PM 2:58

DOCUMENT # P97000090062

1. Corporation Name

ACCESSORY RENTALS, INC.

Principal Place of Business

Mailing Address

107 MARINA DEL RAY
CLEARWATER FL 33767

107 MARINA DEL RAY
CLEARWATER FL 33767



REINSTATEMENT

00

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3475437

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CARLSON, RICHARD L	107 MARINA DEL RAY	CLEARWATER FL 33767

300003469409--2

-11/17/00--01102--004

****750.00 ****750.00

Dr 11/14

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~EVANS, H. MICHAEL~~
~~2123 NE COACHMAN ROAD~~
~~SUITE A~~
~~CLEARWATER FL 33765~~

Name

Diana Schwartz

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

107 Marina Del Rey Ct

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33767

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

Diana Schwartz
REGISTERED AGENT MUST SIGN

Date

10/31/00

11. 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:

Richard L. Carlson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard L. Carlson, President

10/31/00
Date

(727) 546-6523
Daytime Phone #

CR2E040 (800)