

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 23 AM 10:32

DOCUMENT #

P98000093985

1. Corporation Name

Accu - Count of Central Florida Inc.

2. Principal Office Address

415 Montgomery Rd.

3. Mailing Office Address

P.O. Box 521711

Suite, Apt. #, etc.

Suite # 101

Suite, Apt. #, etc.

City & State

Altamonte Springs

City & State

Longwood, FL

Zip

32714

Country

Seminole

Zip

32752

Country

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

11/4/1998

5. FEI Number

59-3543770

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

Mike JABBARI

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

415 Montgomery Rd

Suite, Apt. #, Etc.

101

City

Altamonte Springs

State

FL

Zip Code

32714

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

Mike Jabbari

Date 12-20-02

REGISTERED AGENT MUST SIGN

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

PVST

Mike JABBARI

415 Montgomery Rd #101

Alt. Spr, FL, 32714

12/23

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:

Mike Jabbari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-02 (407) 808-1111

Date

Daytime Phone #

CR2E081 (9/01)

12-23-02

To whom it may concern

This is to inform that I have not
received the annual report forms for
Secu - Count of Central Florida Inc. for
1999 First & 2nd notice

Thank You
Mike Zappa
President