

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
02 APR 30 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000105258

1. Corporation Name

Accu Dec Inc.

000005501170--4  
-05/09/02--01072--021  
\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

24120 PRODUCTION CIR 5254 SUNSET CT.

Suite, Apt. #, etc.

#5

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

City & State

BOVITA-SPRING--FL.

CAPE-CORAL FL.

Zip

Country

34135

USA

Zip

Country

33904

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12-17-1998

5. FEI Number

65-0883600

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

LILLIAN C. BEAUREGARD

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

5254 SUNSET CT.

Suite, Apt. #, Etc.

City

CAPE CORAL

State  
FL

Zip Code

33904

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

Lillian C. Beauregard

Date 3-24-02

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
Pres.	RONALD E. BEAUREGARD	5254 SUNSET CT.	CAPE CORAL, FL 33904
V.P.	PATRICK F. COLLINS	804 WINTER GREEN CT	MARCO ISLAND, FL 33937

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:

Ronald E. Beauregard

RONALD E. BEAUREGARD

3-24-2002

239-949-2056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105258

1. Entity Name

ACCU DEC, INC.

Principal Place of Business

3673 PROSPECT AVE  
NAPLES FL 34104

Mailing Address

~~3704 S.W. 7TH AVENUE~~ 5254 Sunset Ct.  
CAPE CORAL FL ~~33904~~ 33904

2. Principal Place of Business

24120 PRODUCTION Circle

3. Mailing Address

5254 Sunset Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Donita Spring FL

City & State

CAPE CORAL FL

Zip

Country

34135 USA

Zip

Country

33904 USA

6. Name and Address of Current Registered Agent

BEUREGARD, LILLIAN C  
3704 S.W. 7TH AVENUE 5254 Sunset Ct  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

DO NOT WRITE IN THIS SPACE



4. FEI Number 65-0883600

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Lillian C Beuregard*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BEUREGARD, RONALD E	
STREET ADDRESS	3704 S.W. 7TH AVENUE 5254 Sunset Ct.	
CITY-STATE-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, PATRICK F	
STREET ADDRESS	804 WINTER GREEN COURT	
CITY-STATE-ZIP	MARCO ISLAND FL 33937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ronald E Beuregard* RONALD BEUREGARD

324-24 239-949-0056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Block 11 or 12

CR2E034 (10/00)

W4251 B1A4

2389

4-9-2001  
Division of  
Corporations

150 00



ACCU DEC INC.  
3673 PROSPECT AVE.  
NAPLES, FL 34104

Division of Corporations  
One Hundred Fifty Seven  
SUNTRUST BANK, SOUTHWEST FLORIDA  
DAVIS BOULEVARD OFFICE 334

2389

63-147334  
670

4-9-2001

150 00

⑈002389⑈ ⑆067001⑆79⑆0334006072410⑈ NOT NEGOTIABLE

2390

1-9-2001

1-9-2001  
Division of  
Corporations  
ESTFO339

137 28



ACCU DEC INC.  
3673 PROSPECT AVE.  
NAPLES, FL 34104

Division of Corporations  
One Hundred Fifty Seven  
SUNTRUST BANK, SOUTHWEST FLORIDA  
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4-9-2001

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ESTFO339

⑈002390⑈ ⑆067001⑆79⑆0334006072410⑈ NOT NEGOTIABLE

2391

4-9-2001

4-9-2001  
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ESTFO339

137 28



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3673 PROSPECT AVE.  
NAPLES, FL 34104

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4-9-2001

⑈002391⑈ ⑆067001⑆79⑆0334006072410⑈ NOT NEGOTIABLE

Accu Dec, Inc.  
5254 Sunset Court  
Cape Coral, FL 33904  
(239) 541-0061

To: Whom it may concern:

I did send in the annual report and \$150.00 check for the year 2001, however for whatever reason whether the check was lost or not the check was never cashed. I am sending in amount of \$300.00. \$150.00 for last year and \$150.00 for this year. Please waive all the fees associated with reinstating the corporation. I have sent supporting documents, a copy of last years annual report and a copy from my checking account showing the check had be made out. Thank you

Sincerely,

A handwritten signature in cursive script, reading "Lillian Beauregard". The signature is fluid and extends to the right with a long, sweeping tail.

Lillian Beauregard



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 12, 2002

ACCU DEC, INC.  
5254 SUNSET COURT  
CAPE CORAL, FL 33904

SUBJECT: ACCU DEC, INC.  
Ref. Number: P98000105258

We have received your document for ACCU DEC, INC. and check(s) totaling \$300.00. However, your check(s) and document are being returned for the following:

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2001 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application/annual report/uniform business report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$61.25 filing fee per year for the years 2001 through the current year, \$88.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$900.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2002 Annual Report/Uniform Business Report and Supplemental Fee.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is due to non-receipt of the original uniform business report (UBR). A letter stating non-receipt will need to accompany the completed UBR.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell  
Document Specialist

Letter Number: 802A00021802