

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -8 AM 8:00

DOCUMENT # P99000003345

1. Corporation Name

Accu CARD, INC.

P 99000003345

2. Principal Office Address

121 LAUREL OAK DR.

Suite, Apt. #, etc.
S. 103

City & State

LONGWOOD, FL

Zip

32779

Country

SEMINOLE

3. Mailing Office Address

P.O. Box 915761

Suite, Apt. #, etc.

City & State

LONGWOOD FL

Zip

32791-5761

Country

SEMINOLE

REINSTATEMENT 02-04
MRS

4. Date Incorporated or Qualified To Do Business in Florida

1/12/99

5. FEI Number

59-355253

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

RAY JAMESON

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

121 LAUREL OAK DRIVE

Suite, Apt. #, Etc.

Suite 103

City

LONGWOOD

State

FL

Zip Code

32779

288037762652

06/08/04--01037--001 **1050.00

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

R. Jameson

REGISTERED AGENT MUST SIGN

Date

6/7/04

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
<u>P</u>	<u>RAY JAMESON</u>	<u>121 LAUREL OAK DR, S. 103</u>	<u>LONGWOOD, FL 32779</u>
<u>V</u>	<u>PAULA L. JAMESON</u>	<u>"</u>	<u>"</u>

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:

R. Jameson RAY JAMESON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/7/04

Daytime Phone #

407-788-2995

CR2E081 (01/04)