

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris,

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000040666

1. Corporation Name

ELEGANT ACCENTS, INC.

Principal Place of Business

18655 AVENUE CAPRI
LUTZ FL 33549

Mailing Address

18655 AVENUE CAPRI
LUTZ FL 33549

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/1999

5. FEI Number

59-3573907

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PRES	Daniel B. Kelly	18655 AVENUE CAPRI	LUTZ, FL. 33549
V/S/T	DeeDee Kelly	18655 AVENUE CAPRI	LUTZ, FL. 33549

500003496415--0
-12/12/00--01019--019
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FOWLER WHITE GILLEN BOGGS ET AL. ATTN: CURT P. GREELY-ESQ. 501 E KENNEDY BLVD SUITE 1700 TAMPA FL 33602	Name FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL AND BANKER, P ATTN: DAVID M. DONEY, ESQ. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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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

David M. Doney, FOR THE FIRM
REGISTERED AGENT MUST SIGN

Date 11/27/2000

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:

Daniel B. Kelly President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/00 (800) 644-6870

KE