

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000080683

1. Corporation Name

ACCURATE HOME DIAGNOSTICS, INC.

Principal Place of Business

4982 RIDGEMOOR CIRCLE
PALM HARBOR FL 34685

Mailing Address

4982 RIDGEMOOR CIRCLE
PALM HARBOR FL 34685



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1999

5. FEI Number

59-3597580

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WILLIAMS, BRADLEY	4982 RIDGEMOOR CIRCLE	PALM HARBOR FL 34685

900024487949
11/06/03 01048 009 **150.00

8. Name and Address of Current Registered Agent

DIMARCO, ROBERT F
3444 E LAKE RD, SUITE 412
PALM HARBOR FL 34685

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/20/03

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

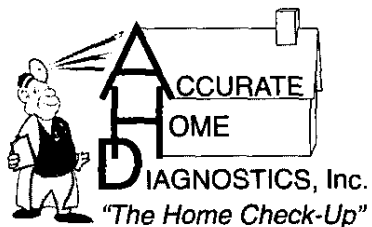
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/03 (727) 771-6239

CR2E040 (7/03)



October 10, 2003

Florida Department of State
Division of Corporations

Reference: Reinstatement of Corporation (Accurate Home Diagnostics Inc. FEI # 59-3597580)

Pursuant to your policy of forgiving the reinstatement fee please accept this letter.

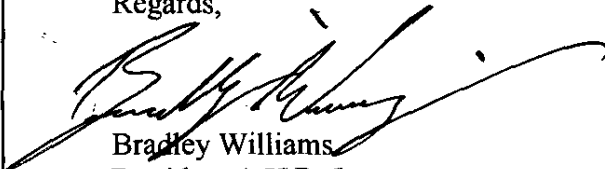
To my knowledge the previous UBR notices were not received at my place of business (we rarely receive business mail at the Ridgemoor address).

Please note change in mailing address in block 3 of the Application for Reinstatement.

- A.H.D. Inc,
36181 East Lake Road Suite # 182
Palm Harbor, FL 34685-3142

I thank you for your help in this matter.

Regards,



Bradley Williams
President A.H.D. Inc.

Enclosed- Application for Reinstatement / Check # 1433 \$150.00 (for-profit filing fee)