

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR 21 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000080964

1. Corporation Name

Accurate Adjustment Company

REINSTATEMENT 03-10

2. Principal Office Address - No P.O. Box #

4288 Balmoral Way

Suite, Apt. #, etc.

3. Mailing Office Address

4288 Balmoral Way

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34238

Country

USA

City & State

Sarasota, FL

Zip

34238

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

9-7-1999

5. FEI Number

650988225

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

Kirk J. Shively

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

4288 Balmoral Way

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34238

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 4-14-2010

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
P	Kirk J. Shively	4288 Balmoral Way	Sarasota, FL 34238
VP	Robin A. Shively	4288 Balmoral Way	Sarasota, FL 34238

200176690502  
04/21/10--01005--005 \*\*1200.00

DC 4/22

10. E-mail Address: accurateadjustment@comcast.net

(To be used for future annual report notification)

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. I further certify 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-2010 966-6738