

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 15 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S85276**

1. Corporation Name

ACCURATE SPECIALTIES, INC.

2. Principal Office Address

7465 Manatee Avenue W

Suite, Apt. #, etc.

3. Mailing Office Address

7465 Manatee Avenue W

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34209

Country

Manatee

Zip

34209

Country

Manatee

4. Date Incorporated or Qualified
To Do Business in Florida

10/4/91

5. FEI Number

65-0290065

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

TERESE ANN NELSEN

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

7465 MANATEE AVENUE W

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34209

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

Terese A. Nelsen

Date **10/10/02**

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
P	TERESE ANN NELSEN	7465 MANATEE AVE. W	BRADENTON, FL 34209

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:

Terese A. Nelsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/02

Daytime Phone #

CR2E081 (9/01)

js 10/15/02