

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 17 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V09626**

1. Corporation Name

**ACCURATE BUSINESS CONTROLS  
INC.**

2. Principal Office Address

**4101 N. OCEAN BLV.**

Suite, Apt. #, etc.

**D603**

City & State

**BOCA RATON, FL**

Zip

**33431**

Country

**USA**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

**REINSTATEMENT**

**03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1-1991**

5. FEI Number

**65-0319564**

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

**JACK V. CASTRO**

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

**4101 N. OCEAN BLV**

Suite, Apt. #, Etc.

**D603**

City

**BOCA RATON**

State

**FL**

Zip Code

**33431**

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 **6-14-04**

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
PRES	JACK V. CASTRO	4101 N. OCEAN BLV # # D603	BOCA RATON, FL 33431
V.P.	GRACIE E. CASTRO	SAME ✓	SAME ✓

500038012015  
06/16/04--01037--004 \*\*300.00

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:

*[Signature]*

**JACK V. CASTRO**

**6-14-04**

**561-504-4963**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

**Jack V. Castro  
Accurate Business Controls, Inc.  
4101 N Ocean Blvd  
# D603  
Boca Raton, FL 33431  
561.504.4963**

**To Whom It May Concern:**

**This letter is to request a reinstatement for Accurate Business Controls, Inc., and a change of address.**

**The reason for the lapse in compliance is because the renewal form was returned to the state erroneously after we moved, and since no business was being performed we did not realize the problem until now.**

**I spoke we Gary by phone Today, and in reviewing the status he told me to send this letter of explanation and the enclosed form fully filled out, together with a \$300.00 check, to cover 2003 and 2004 filing fees.**

**Thank you,**

  
**Jack V. Castro  
President**