

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V62411			
1. Corporation Name Accent Group, Inc.			
2. Principal Office Address 15640 Charter Oaks		3. Mailing Office Address P.O. Box 425	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clermont, FL		City & State Killerney, FL	
Zip 34711	Country US	Zip 34740	Country US

FILED 11/20/03
03 NOV 20 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

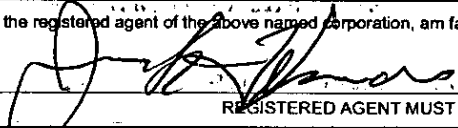
REINSTATEMENT 02-03
800024875958
11/20/03--01022--012 **\$900.00
800024875958
11/20/03--01022--011 **\$8.75

4. Date Incorporated or Qualified To Do Business in Florida		09/09/1992	
5. FEI Number 59-3143855		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 Thomas, Jack		
Street Address (P.O. Box Number is Not Acceptable) 15640 Charter Oaks		
Suite, Apt. #, Etc.		
City Clermont	State FL	Zip Code 34711

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:  Date: 11/13/2003

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
D	Thomas, Jack	15640 Charter Oaks	Clermont, FL 34711

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:  **JACK THOMAS** Date: 11/13/2003 352-394-0089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)