PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # V62411

1. Corporation Name
Accent Group, Inc.

REINSTATEMENT 02-03

800024875958
11/20/03--01022--012 **300.00
800024875958
11/20/03--01022--011 **8.75

2. Principal Office Address	**3.** Mailing Office Address
15640 Charter Oaks	P.O. Box 425
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont, FL	City & State: Killarney, FL
Zip: 34711 Country: US	Zip: 34740 Country: US

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

CR2E081 (10/02)

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 11/13/2003 352-394-0089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #