PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1937

SECRETARY OF STATE DIVISION OF CORPORATIONS

04 FEB -6 AM 8: 00

APPLICATION FOR REINSTATEMENT



FLORIDÀ DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **F01000001171**

1. Corporation Name

ACCESS WORLDWIDE COMMUNICATIONS, INC.

	_		••				HEIN	SIAILIVIEN	(13-0)
Principal Place of Business Mailing Add 4950 COMMUNICATIONS AVENUE 4950 COMM SUITE 300 SUITE 300 BOCA RATON FL 33431 BOCA RATO				UNICATIONS AVENUE				20275444	
	incorrect in any way, line th Address, If Applicable	information and enter correction below. ling Office Address, If Applicable			700027544417 01/26/04-01012007 **150.00 MC 4. Date Incorporated or Qualified To Do Business in Florida				
				e, Apt. #, etc. & State			5. FEI Number Applied For 52-1200227		
Zip Country			Zip Countr				OSCITION Not Applicable S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer and	or Director (Fig	orida nonpro	fit corporati	ons must list at lea	ast 3 directors)		
Title(s)	2	Name of Officers and/or Directors	Street Address of Each Officer and/or Director				City / State / Zip		
COBP	DINKINS, 1 Sha	WICHAEL Rust	4950 COMMUNICATION AVENUE, SUITE			SUITE	BOCA RATON FL 33431		
EVP	HAMERSKI	4950 COMMUNICATION AVENUE, SUITE			SUITE	BOCA RATON FL 33431			
S&T	LYEW, RIC	4950 COMMUNICATION AVENUE, SUITE			SUITE	BOCA RATON FL 33431			
D	D LEWIS, RANDALL Ochan Sadik-Khan				4950 COMMUNICATION AVENUE, SUITE			BOCA RATON FL 33431	
D	DONOHUE	4950 COMMUNICATION AVENUE, SUITE			SUITE	BOCA RATON FL 33431			
D	EDELSTEIN	4950 COMMUNICATION AVENUE,			SUITE	TE BOCA RATON FL 33431			
8. Name and Address of Current Registered Agent							9. Name and	Address of New Registered	Agent
SHAPIRO, KENNETH W 1776 N. PINE ISLAND ROAD, SUITE 326 FT. LAUDERDALE FL 33322						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 12/12/04-01037-014 **150.00			
						City State Zip Code			
10. I, being Signature e Registered	of	e, registered agent of the ab	gve/named corp	poration, am	familiar with	and accept the o	bligations of Seci	tion 607.0505, F.S. or 617.050	5, F.S. 4

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/0/04

561 226 5000

Daytime Phone #

Title

Name & Officer.

D Carl Tiedemann

Same as

Fred Thorne

Charles Henri-Weil

.

SHAPIRO SONTAG

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

Gentlemen:

Enclosed please find an Application for Reinstatement from my client, Access Worldwide Communications, Inc. along with a check for \$150.00, representing the annual report fee. Consistent with Florida policy we are requesting that the reinstatement fee be waived, as notice was not sent to my client regarding the 2003 annual report.

If you have any questions or require additional documentation, please call.

Sincerely,

Michael C. Sontag

enclosures_

cc: Richard Lyew (w/o enclosures)