

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 27 PM 1:03

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000002800

1. Corporation Name
Access Financial Group of Georgia

500152861935
04/27/09--01032--024 **308.75

REINSTATEMENT 08-09ks
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
386 Racetrack Rd
Suite, Apt. #, etc.

3. Mailing Office Address
386 Racetrack Rd
Suite, Apt. #, etc.

City & State
McDonough GA
Zip Country
30252 Henry

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4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number 58-2449117 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: Alicia D. Weimerts
Street Address (P.O. Box Numbers Not Acceptable): 118 Virginia Drive
Suite, Apt. #, Etc.
City: Ft. Walton State: FL Zip Code: 32548

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Alicia D. Weimerts Date: 4/20/09
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
CEO	Jeffrey A. Martin	260 Monroe Drive McDonough, GA 30253	McDonough, GA 30253

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 contained in Chapter 119, 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: Jeffrey A. Martin CEO Date: 4-20-09 Daytime Phone #: 6785831311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR