

PLEASE READ ALL INSTRUCTIONS BEFORE

FILED

05 JUN 14 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000017167**

1. Corporation Name

**ACCESSIBILITY-ASSISTANCE INC.**

2. Principal Office Address

**610 East Sample Road**  
Suite, Apt. #, etc.

3. Mailing Office Address

**610 East Sample Road**  
Suite, Apt. #, etc.

City & State

**Pompano Beach, FL**  
Zip Country  
**33064 US**

City & State

**Pompano Beach, FL**  
Zip Country  
**33064 US**

4. Date Incorporated or Qualified To Do Business in Florida

**02/15/2001**

5. FEI Number

**65-1122742**

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

**Fuller, John**

**800056123308**  
**06/14/05--01005--002 \*\*458 75**

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

**12000 BISCAYNE BLVD**

Suite, Apt. #, Etc.

**Suite # 609**

City

**NORTH MIAMI**

State

**FL**

Zip Code

**33181**

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

REGISTERED AGENT MUST SIGN

Date **06-07-05**

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      | Kathy Spalluto                    | 1620 N. Ocean Blvd                             | Pompano Beach, FL 33062   |
| D      | Douglas Spalluto                  | 3962 NW 4th Court                              | DEERFIELD BEACH, FL 33442 |
|        |                                   |  |                           |
|        |                                   |  |                           |
|        |                                   |  |                           |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**06-07-05 (954) 946-4425**

Date

Daytime Phone #

CR2E081 (01/05)

# *Accessibility-Assistance, Inc.*

610 East Sample Road, Pompano Beach, FL 33064

VOICE: (954) 946-4475 FAX: (954) 781-1282

FED ID#: 65-1122742

June 7, 2005

Division of Corporation  
P.O. Box 6327  
Tallahassee, Fl. 32314

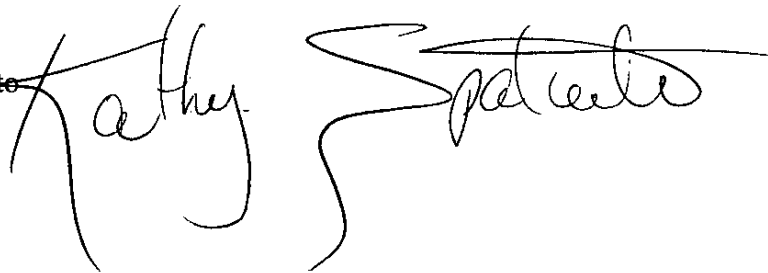
Dear Mr.

We did not receive any notices for renewal in 2003 or 2004. When we went on the Internet to add an officer, we discovered that the corporate status was inactive. We tried to re-activated, we could not do this online, then we spoke with customer services, and they told us that we should send a fee for \$450.00 and a letter explaining that we did not receive any notices. Enclosed is our check for \$450.00 and the letter explaining the lack of the notice along with the corporation reinstatement form 2005.

Upon your review, if you have any questions, or require additional information, please do not hesitate to contact us at (954) 946-4475

Sincerely,

Kathy Spallute

A handwritten signature in cursive script, appearing to read "Kathy Spallute". The signature is written in black ink and is positioned to the right of the typed name "Kathy Spallute".