

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 99 APR 26 PM 12:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97-18860**

1. Corporation Name
ACCESS BUSINESS, INC.

Principal Place of Business Mailing Address
62 INDIAN TRACE, SUITE # 111
WESTON FL 33326-4551

300002853343--9
04/30/99--01138--016
******900.00 ****900.00**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable 3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **02-28-97**

5. FEI Number **65-0733257** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	EDUARDO MASCARENHAS	2414 DEER CREEK ROAD	WESTON FL 33327
VP	CRISTINA MASCARENHAS	2414 DEER CREEK ROAD	WESTON FL 33327

REINSTATEMENT **98** **99** **TS** **4/28/99**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
EDUARDO MASCARENHAS
 Street Address (P.O. Box Number is Not Acceptable)
2414 DEER CREEK ROAD
 Suite, Apt. #, Etc.
 City
WESTON State | Zip Code
FL | 33327

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Emascarenhas** Date **04/20/99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(See other side for information on intangible tax.)

12 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 119.02(3)(a), 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: **Emascarenhas** **EDUARDO MASCARENHAS** **4/20/99** **(954)3490292**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitally Prepared

CP2E001-12-99