

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 01-04

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000046884

1. Corporation Name  
ACCESS SOUTH, INC.

2. Principal Office Address <u>1825 MAIN ST.</u>		3. Mailing Office Address <u>1112 WESTON RD</u>	
Suite, Apt. #, etc. <u>SUITE 105</u>		Suite, Apt. #, etc. <u># 130</u>	
City & State <u>WESTON FL</u>		City & State <u>WESTON FLORIDA</u>	
Zip <u>33326</u>	Country <u>USA</u>	Zip <u>33326</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida 05/21/1998

5. FEI Number 58-2414508

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 <u>LARRY HUNT</u>	900029302479 03/16/04--01098--007 **14 .25
Street Address (P.O. Box Number is Not Acceptable) <u>1825 MAIN ST</u>	900029302479 02/24/04--01031--039 **1053.75
Suite, Apt. #, Etc. <u>SUITE 105</u>	
City <u>WESTON</u>	State <u>FL</u> Zip Code <u>33326</u>

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 [Signature] Date 11/20/03

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
<u>D</u>	<u>HUNT, LARRY</u>	<u>1825 MAIN ST SUITE 105</u>	<u>WESTON, FL 33326</u>
<u>D</u>	<u>CROWE, RONALD</u>	<u>5211 ROTHSA Y CRT</u>	<u>MISSISSAUGA, CANADA ONTARIO</u>

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] LARRY HUNT Date 11/20/03 (954) 217-7301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)