

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 DEC 30 AM 9:27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P95000035251

1. Corporation Name

AXCESS ENTERTAINMENT, INC.

Principal Place of Business

1027 NASSAU STREET DELRAY BEACH FL 33483

Mailing Address

1027 NASSAU STREET DELRAY BEACH FL 33483



REINSTATEMENT

99

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

4. Date Incorporated or Qualified To Do Business in Florida

05/04/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0599852

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Stephen R. Groth and a large stamp: 300003095303-5 -01/11/00--01101-015 \*\*\*\*600.00 \*\*\*\*600.00

8. Name and Address of Current Registered Agent

HINDEN, JON A ESQ. 6200 STIRLING RD. DAVIE FL 33314

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State FL

Zip Code

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

Jon Hinden

SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date

12/14/99

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Signature of officer/director

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/99 Date

561-278-4525 Daytime Phone #

KE