
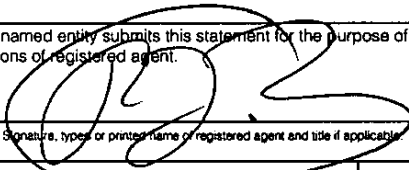
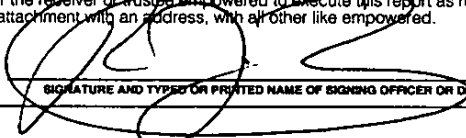


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 23 PM 8:46

DOCUMENT # N01000004501 1. Entity Name ACCESS FOUNDATION CORPORATION					
Principal Place of Business 1749 NE 26TH ST., SUITE F WILTON MANORS, FL 33305			Mailing Address 1749 NE 26TH ST., SUITE F WILTON MANORS, FL 33305		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-2336964	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip		Country		Zip	
Country		Country		12152005 REIN-NP CR2E099 (6/04)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZADEN, RICHARD ESQ. 2850 N. ANDREWS AVE FORT LAUDERDALE, FL 33311				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State: FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		 RICHARD J. ZADEN		DATE 12/20/05	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WARDELL, PHIL	NAME			
STREET ADDRESS	1749 NE 28TH ST, SUITE F	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ZADEN, RICHARD J	NAME	700052375007		
STREET ADDRESS	1749 NE 28TH ST, SUITE F	STREET ADDRESS	12/23/05--01040--011 **\$1.25		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SEILER, JOHN P	NAME			
STREET ADDRESS	2900 E. OAKLAND PARK BLVD., SUITE 200	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LOPEZ, PAUL	NAME			
STREET ADDRESS	501 NE SPANISH CT	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CLEMONS, LARRY	NAME			
STREET ADDRESS	1807 N ATLANTIC BLVD	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	AHEARN, MICHAEL	NAME			
STREET ADDRESS	1749 NE 28TH ST, SUITE F	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE:		 RICHARD J. ZADEN		DATE 12/20/05	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		Daytime Phone #	