

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F00000003593

1. Corporation Name

PRIORITYACCESS, INC.

Principal Place of Business

Mailing Address

4800 NORTH FEDERAL HIGHWAY, SUITE 300-A
BOCA RATON FL 33431

~~4800 NORTH FEDERAL HIGHWAY, SUITE 300-A~~
~~BOCA RATON FL 33431~~

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

06/23/2000

5. FEI Number 141815544

Applied For

~~NOT APPLICABLE~~

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	MONKS, LAURANCE O	10 CORPORATE WOODS BLVD	ALBANY NY 12211
D	SHEARER, ROGER D	10 CORPORATE WOODS BLVD. 10	ALBANY NY 12211

8. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~
~~1201 HAYS STREET~~
~~TALLAHASSEE FL 32301-2625~~

9. Name and Address of New Registered Agent

Name Adam Shaw
Street Address (P.O. Box Number is Not Acceptable)
4800 N. Federal Highway
Suite, Apt. #, Etc. 300-A
City Boca Raton State FL Zip Code 33431

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

Adrian R. Steele
REGISTERED AGENT MUST SIGN

Date

10/30/01

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 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

Date

Daytime Phone #

RECEIVED NOV 28 2001
10/31/01 518432-7270

FILED
01 NOV -5 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2040 (8/01)