

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 11:17

DOCUMENT # **F02000003859**

1. Corporation Name

~~DRIVERSHIELD CORP.~~ **Accessity Corp (fka Drivershield Corp)**

SECRETARY OF STATE
 HASSEE FLORIDA

Principal Place of Business

Mailing Address

~~3075 VETERANS MEMORIAL HIGHWAY
 RONKONKOMA NY 11779~~

~~3075 VETERANS MEMORIAL HIGHWAY
 RONKONKOMA NY 11779~~



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

12514 W. ATLANTIC BLVD

Suite, Apt. #, etc.

City & State
Coral Springs FL

Zip
33071

Country
USA

3. New Mailing Office Address, If Applicable

12514 W. ATLANTIC BLVD

Suite, Apt. #, etc.

City & State
Coral Springs FL

Zip
33071

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

07/29/2002

5. FEI Number

11-2754012

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	4 City / State / Zip
CS	SIEGEL, BARRY	3075 VETERANS MEMORIAL HIGHWAY 12514 West Atlantic Blvd	RONKONKOMA NY 11779 Coral Springs, FL 33071
D	FRIEDMAN, KENNETH	3075 VETERANS MEMORIAL HIGHWAY 12514 West Atlantic Blvd	RONKONKOMA NY 11779 Coral Springs FL 33071
D	SPIEGEL, B.J.	3075 VETERANS MEMORIAL HIGHWAY 12514 West Atlantic Blvd	RONKONKOMA NY 11779 Coral Springs FL 33071
D	MCINTYRE, JOHN M.	3075 VETERANS MEMORIAL HIGHWAY	RONKONKOMA NY 11779
GOO	ZUTLER, GERALD	3075 VETERANS MEMORIAL HIGHWAY	RONKONKOMA NY 11779
T	KART, PHILIP B	3075 VETERANS MEMORIAL HIGHWAY	RONKONKOMA NY 11779

8. Name and Address of Current Registered Agent

ROTHMAN, MICHAEL
11900 BISCAYNE BLVD., SUITE 740
MIAMI FL 33181

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300024332919

10/31/03--01053--012 **150.00

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

Date

10/29/03

REGISTERED AGENT MUST SIGN

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)(l), 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:

[Handwritten Signature] **Phil B. Kart** *for Accessity Corp* **10/29/03** **954-752-6161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x231

CR2E040 (7/03)



October 20, 2003

Florida Department of Corporations
Reinstatement Section
PO BOX 6327
Tallahassee, Fl 32314-6327

Re: FEI 11-2754012

Dear Sir or Madam:

I am writing to inform you that we did not receive any previous notice for the UBR filing and am requesting waiver of the penalty.

Attached is the Application of Reinstatement with required signatures and fees.

Thank you in advance, for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Phil B. Kart". The signature is written in a cursive style with a large, stylized initial "P".

Phil B. Kart
Financial Officer