

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT
DOCUMENT # F97000001452
FL 32701
Sandra B. Montem
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 28 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
Axxess Media Group, Inc.

Principal Place of Business Mailing Address
201 Park Place Suite 321
Altamonte Springs FL 32701
201 Park Place, Suite 321
Altamonte Springs FL 32701
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country
3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 03/17/97

5. FEI Number 13-1026995
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	Kevin A. Lichtman	201 Park Place, #321	Altamonte Springs, FL 32701
DVP	Jeffrey A. Grossman	56-C Grandview Drive	Farmington, CT 06032
DS	James P. Gage	201 Park Place, #321	Altamonte Springs, FL 32701

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HJS

8. Name and Address of Current Registered Agent

Kevin A. Lichtman
201 Park Place, Suite 321
Altamonte Springs, FL 32701

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State Zip Code
FL

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
REGISTERED AGENT MUST SIGN

Date 01/19/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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: Kevin A. Lichtman, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-834-4443
Daytime Phone