

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 16 AM 10:07

DOCUMENT # L05000061732

1. Limited Liability Company's Name

Access Four Enterprises, LLC

2. Principal Office Address - No P.O. Box #

3172 Hatten St

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite Apt # etc

City & State

Sarasota FL

City & State

Zip

34237

Country

USA

Zip

Country

CR2E041 (1-07)

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified To Do Business in Florida

6/22/05

6. FE# Number

51-0549176

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Roger J. Haughey

Street Address (P.O. Box Numbers Not Acceptable)

3172 Hatten St

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34237

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

2/13/07

[Handwritten Signature]

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City State Zip
<u>Mgrm</u>	<u>Roger J. Haughey</u>	<u>3172 Hatten St</u>	<u>Sarasota FL 34237</u>
			<u>700088880947 02/21/07--01017--002 **125.00</u>
			<u>REINSTATEMENT 06-07</u>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

[Handwritten Signature]

Date

2/13/07

Daytime Phone #

941-955-8403

Typed or printed name of signing Managing Member/Manager

Roger J. Haughey