

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

LED

2022 Nov 28 AM 4:58

DOCUMENT # L19000234601

1. Limited Liability Company's Name  
ACCESS FUN LLC

SECRETARY OF STATE  
TALLAHASSEE, FL

500386588325

04/26/22-01042-001  
# 37750

CR2ED41 (1/14)

2. Principal Office Address - No P.O. Box # 600 N.E. 36 ST		3. Mailing Office Address SAME	
State, Apt. #, etc Ste C-7		Suite, Apt. #, etc	
City & State MIAMI, FLORIDA		City & State	
Zip 33137	Country US	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 9/25/2019	
6. FEI Number 84-3194140	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name  
PEDRO RENE IGLESIAS

Street Address (P.O. Box Number is Not Acceptable) Suite  
600 N.E. 36 ST

Apt. #, Etc  
Ste. C-7

City MIAMI	State FL	Zip Code 33137
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

Date 4/19/2022

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	PEDRO RENE IGLESIAS	600 NE 36 ST, C-7	MIAMI, FL
AMBR	CHANTAL BOUGEASSON	600 NE 36 ST, C-7	MIAMI, FL
			<del>RENE IGLESIAS</del>
			R. HUNT

11. E-mail Address rene@accessfunsun.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, F.S., and that all taxes 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 4/19/2022

Daytime Phone # (305)430-5258

Typed or printed name of signing authorized representative/member

Pedro Rene Iglesias