PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -6 AM 11:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L68704**

1. Corporation Name

AGENCY MARKET ACCESS CORPORATION

Principal Place of Business	Mailing Address
~~3677 CENTRAL AVE~~ ~~BLDG E~~ ~~FT MYERS FL 33901~~	~~PO BOX 7127~~ ~~FT MYERS FL 33911~~

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

REINSTATEMENT 9600

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2125 FIRST ST, #101	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS, FL	City & State
Zip: 33901 Country	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 04/26/1990

5. FEI Number: 65-0203798 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MARTIN-VEGUE, DEREK	5800 OVERSEAS HWY	MARATHON FL
P	WILES, DOUGLAS	PONCE DE LEON BLVD.	ST AUGUSTINE FL
VP	JONES, TOM	1780 N KROME AVE.	HOMESTEAD FL
S	~~SWAHN,~~ JANE L CAHILL	~~3677 CENTRAL AVE #E~~ 2125 FIRST ST, #101	FT MYERS FL
D	BROWN, RICHARD	202 SEABREEZE BLVD.	DAYTONA BCH FL
CEO	SITKINS, ROGER H.	~~3677 CENTRAL AVE #E~~ 2125 FIRST ST, #101	FT MYERS FL

8. Name and Address of Current Registered Agent

SITKINS, ROGER H.
~~3677 CENTRAL AVE~~ 2125 FIRST ST, #101
~~BLDG E~~ FT. MYERS, FL 33901
~~FT MYERS FL 33901~~

9. Name and Address of New Registered Agent

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

900002025229--3
-12/10/96--01153--012
****375.00 ****375.00

CR2E040 (7/96)

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: [signature] REGISTERED AGENT MUST SIGN Date: 12/2/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: [signature] ROGER H. SITKINS 12/2/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0082884 AP