

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 18 AM 10:19

DOCUMENT # M98000000022

1. Limited Liability Company's Name

ACCESS AMERICA FINANCIAL, LLC

2. Principal Office Address

4040 Sheridan Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

USA

3. Mailing Office Address

4040 Sheridan Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

01/12/98

6. FEI Number

65-0741093

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Lawrence B. Austin

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

4040 Sheridan Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

Lawrence B. Austin

REGISTERED AGENT MUST SIGN

Date 12/07/01

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
Mgr.	Austin, Lawrence B.	4040 Sheridan Street	Hollywood, FL 33021
			Rein 100
			CO VBR 50
			01 VBR 50
			2000
			2001
			200.00
			np

REINSTATEMENT

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

Lawrence B. Austin

Date 12/07/01

Daytime Phone # 954-961-5580

Typed or printed name of signing Managing Member/Manager Lawrence B. Austin, Mgr.

CR2E04 (9/00)