

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 11 PM 12:16

DOCUMENT # P00000012713

1. Corporation Name

Switched Access Communications, Inc.

2. Principal Office Address

1901 S. Congress Ave

Suite, Apt. #, etc.

Suite 240

City & State

Boynton Beach, Florida

Zip

33426

Country

Palm Beach

3. Mailing Office Address

1901 S. Congress Ave

Suite, Apt. #, etc.

Suite 240

City & State

Boynton Beach, Florida

Zip

33426

Country

Palm Beach

**REINSTATEMENT** 01

4. Date Incorporated or Qualified  
To Do Business in Florida

2/2000

5. FEI Number

65-0982301

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Erika Riaboutha

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

1901 S. Congress Ave

Suite, Apt. #, Etc.

Suite 240

City

Boynton Beach

State

FL

Zip Code

33426

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.

Signature of  
Registered Agent

Erika Riaboutha

Date

9/28/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/N/T/S	Mary Lou Farr	1901 S. Congress Ave Suite 240	Boynton Beach FL 33426

10. 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:

Mary Lou Farr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/01

Date

(561) 735-9499

Daytime Phone #

CR2E081 (2/00)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Switched Access Communications, Inc.

2. The mailing address of the corporation : 1901 S. Congress Ave.  
Suite 240, Boynton Beach, FL 33426

3. Date of incorporation/qualification: 2/2000 Document number: \_\_\_\_\_

4. The name and address of the current registered agent and office:

Hilda Delisi  
230 South Powerline Rd. #4  
Deerfield Beach, FL 33442

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Erika Riaboukha  
1901 S. Congress Ave. Suite 240  
Boynton Beach, FL 33426

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Mary Lou Farr  
(Signature of an officer, chairman or vice chairman of the board)

10/5/07  
(Date)

Mary Lou Farr President  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Gille Riaboukha  
(Signature of Registered Agent)

9/28/01  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*