PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 02103 WP

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY -7 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000050290

1. Corporation Name

Access Through Sign Language

2. Principal Office Address	3. Mailing Office Address
P.O Box 570289	P.O. Box 570289
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Fl	City & State: Orlando, Fl
Zip: 32857 Country:	Zip: 32857 Country:

4. Date Incorporated or Qualified To Do Business in Florida: May 17, 2000

5. FEI Number: 59-3437360 ☐ 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: Hilda Colondres

Street Address (P.O. Box Number is Not Acceptable): 6460 Appian Way

800018459598
05/07/03--01088--002 **30.00

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32807

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Hilda Colondres — Date: May 1, 2003
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D	Emilia Lorenti	5805 Camellia Dr.	Orlando Fl 32807
D	Hilda Colondres	6460 Appian Way	Orlando, Fl. 32807

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: Hilda Colondres — 5/1/03 — 407 382-3823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Access Through Sign Language

May 1, 2003

Department of State
Division of Corp- Corporate Filing
P.O. Box 6327
Tallahassee, FL. 32314

Document # P00000050290

Dear Sirs or Madam:

Access Through Sign Language has been involuntarily dissolved. I never received the Uniform Business Report for 2002. Therefore, I am requesting that the corporation be reinstated and I am asking to have the penalty fee waived.

Thank you, for attention to this matter; if you have any questions you may contact me at 407-382-3823

Sincerely,

Hilda Colondres

Hilda Colondres
Co-Owner
Access Through Sign Language, Inc.

Enclosure (1)

Tel 407-382-3823 TTY 407-382-0999 Fax 407-382-0683
P.O. Box 570289 Orlando, Florida 32857-0289

www.AccessASL.com