

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harrington  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

02 JAN -2 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

192

DOCUMENT # P00000096029

1. Corporation Name

Unified Access, Inc.

2. Principal Office Address

3 West Garden St

Suite, Apt. #, etc.

Suite 346

City & State

Pensacola FL

Zip

Country

32501

3. Mailing Office Address

3 West Garden St

Suite, Apt. #, etc.

Suite 346

City & State

Pensacola FL

Zip

Country

32501

4. Date Incorporated or Qualified  
To Do Business in Florida

10-11-00

5. FEI Number

☒ 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

Burton E. Strubhar

800004765408-4

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

3 West Garden Street

01/10/02 01075 109

\*\*\*\*300.00 \*\*\*\*300.00

Suite, Apt. #, Etc.

Suite 346

1/LS

City

Pensacola

State

FL

Zip Code

32501

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

*Burton E. Strubhar*

REGISTERED AGENT MUST SIGN

Date

12-21-01

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
Pres / Treas	Douglas S. Gismondi	1415 Cacao Lane	Pensacola, FL 32507

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas S. Gismondi

Date

12-21-01

Daytime Phone #

850 406 1928

CR2ED01 (9/00)

**BURTON E. STRUBHAR**

**ATTORNEY and COUNSELOR AT LAW**  
**3 West Garden Street ~ Suite 346**  
**Pensacola, Florida 32501**

2082

**(850) 432-7001**  
**Telephone**

**(850) 432-1386**  
**Facsimile**

December 21, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Unified Access, Inc.  
Corporation Reinstatement

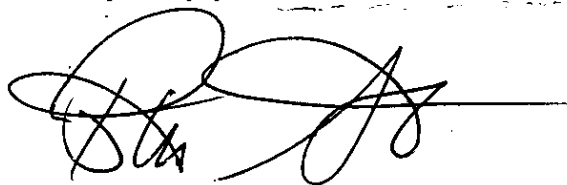
Dear Sir or Madam:

Enclosed please find the Reinstatement form for Unified Access, Inc. along with our firm's check in the amount of \$300.00 for the cost of reinstatement.

Due to the relocation of our office we did not receive the necessary papers to file the necessary return.

Please advise if anything further is required.

Very truly yours,

A handwritten signature in black ink, appearing to be 'B. Strubhar', written over a horizontal line.

BURTON E. STRUBHAR

BES/sct