

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000000371

1. Corporation Name

ACCESSETR.COM, INC.

Principal Place of Business

Mailing Address

10303 NIGHTWIND CIR  
CANTONMENT FL 32533

10303 NIGHTWIND CIR  
CANTONMENT FL 32533



REINSTATEMENT

03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/02/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

90-0070159

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MYERS, CHRISTOPHER J	10303 NIGHTWIND CIR	CANTONMENT FL 32533

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MYERS, CHRISTOPHER J  
10303 NIGHTWIND CIR  
CANTONMENT FL 32533

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Christopher J. Myers*  
REGISTERED AGENT MUST SIGN

Date 10-22-03

11. 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:

*Christopher J. Myers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-22-03

Daytime Phone # 850-206-9816

CR2E040 (7/03)

October 22, 2003

Accessetr.com, Inc.  
10303 Nightwind Circle  
Cantonment, FL 32533

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

To Whom It May Concern:

Enclosed you will find my application for re-instatement. I have previously responded to your quest for my FEI. I responded to that correspondence on or about the 12 of June, 2003. Please re-instate my corporation at your earliest convenience. If you have any questions, please do not hesitate to contact me.

Thank you for your time and efforts,

A handwritten signature in black ink, appearing to read "Christopher J. Myers", written in a cursive style.

Christopher J. Myers