

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -3 AM 8:00

DOCUMENT # **P02000019707**

1. Corporation Name

Easy Access, Inc.

2. Principal Office Address

P.O. Box 188

Suite, Apt. #, etc.

City & State

Spartanberg, SC

Zip

29304

Country

US

3. Mailing Office Address

P.O. Box 188

Suite, Apt. #, etc.

City & State

Spartanberg, SC

Zip

29304

Country

US

**REINSTATEMENT**

03  
MRS

4. Date Incorporated or Qualified  
To Do Business in Florida

2/18/2002

5. FEI Number

01-0629491

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

Bruce Rosetto, Esq.

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

1200 N. Federal Highway

Suite, Apt. #, Etc.

Suite 417

City

Boca Raton

State

FL

Zip Code

33432

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

Date **November 25, 2003**

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
D, P, T	Robert Burchette, Jr.	P.O. Box 188	Spartanburg, SC-29304
D, VP	Burt Rhodes	5732 Wind Drift Lane	Boca Raton, FL 33431

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:

**Robert L. Burchette**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11-25-03**

Daytime Phone #

**864-5901874**

CR2E081 (10/02)