

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV -3 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000058508

1. Corporation Name

ACCESS GENERAL AGENCY OF FLORIDA, INC.

Principal Place of Business

2830 DRESDEN DRIVE
ATLANTA GA 30341

Mailing Address

2830 DRESDEN DRIVE
ATLANTA GA 30341



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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/2002

5. FEI Number

58-2603846

Applied For

Not Applicable

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
Pres	Michael McMenamin	2830 Dresden Dr.	Atlanta, GA 30341
Sec / Tr.	Dan Lazarek	"	"
V. Pres	Mitchell Young	"	"

200024918252
11/21/03-01019-002 **150.00

8. Name and Address of Current Registered Agent

ALKIRE, ROBERT B
407 LANTERNBACK ISLAND DRIVE
SATELLITE BEACH FL 32937

9. Name and Address of New Registered Agent

Name

CLYDE W. GALLOWAY JR

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

106 EAST COLLEGE AVENUE STE 600

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-31-03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN LAZAREK

Date

Daytime Phone #

10/29/03 770) 234-3634

CR2E040 (7/03)

2012



October 24, 2003

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

To Whom It May Concern:

This letter is in reference to the notice of administrative dissolution of Access General Agency of Florida, Inc., received in the mail notifying us that we had not submitted the proper documentation to the Division of Corporations for this year. This letter is to notify the responsible parties that we did not receive a first or second request (UBR's) for the above stated documents at our mailing address.

Enclosed is the application for reinstatement form complete with the correct name of our registered agent in Florida and the \$150.00 filing fee for a for-profit corporation to file without penalty. Please contact us if there are any further questions regarding this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Dan Lazarek". The signature is stylized with a large, looped 'D' and a trailing flourish.

Dan Lazarek

Chief Financial Officer