

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

04 JAN 23 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094860

1. Corporation Name

ACCESS HOUSING CORPORATION

Principal Place of Business

1675 POLO LAKES RD.
103
WELLINGTON FL 33414

Mailing Address

1675 POLO LAKES RD.
103
WELLINGTON FL 33414

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

2. New Principal Office Address, If Applicable

222 Lakeview Ave.

Suite, Apt. #, etc.

160-103

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/2002

5. FEI Number

27-0028505

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

13.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRESIDENT CEO	JOHN FREELAND	222 LAKEVIEW AVE, #160-103, WEST PALM BEACH, FL	33401
D	D. MIHRAN FREELAND	222 LAKEVIEW AVE, #160-103, WEST PALM BEACH, FL	33401

600027547236
01/25/04-01/28/04 *\$900.00

8. Name and Address of Current Registered Agent

FREELAN, JOHN K
1675 POLO LAKES DR.
103
WELLINGTON FL 33414

9. Name and Address of New Registered Agent

Name

JOHN FREELAND

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

222 LAKEVIEW AVE.

Suite, Apt. #, Etc.

160-103

City

WEST PALM BEACH

State

FL

Zip Code

33401

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

1-19-04

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] / JOHN FREELAND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-19-04

Daytime Phone #

(561)
255-3683

CR2E040 (7/03)