

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000096443 1. Entity Name TOTAL ACCESS, INC.				 <div style="text-align: right;"> FILED 05 MAY -2 AM 9:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 610 N INDUSTRIAL PARK RD SUITE 1 MULBERRY, FL 33860		Mailing Address 610 N INDUSTRIAL PARK RD SUITE 1 MULBERRY, FL 33860			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1450 Suite, Apt. #, etc.			
City & State		City & State Mulberry, FL		4. FEI Number 57-1187061	
Zip 33860	Country Polk	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COWARD, GEORGE T 1915 S FLORIDA AVE LAKELAND, FL 33803				7. Name and Address of New Registered Agent Name Stanley A. Hobby Street Address (P.O. Box Number is Not Acceptable) 610 N. Industrial Park Rd. P.O. Box 1450 City Mulberry FL Zip Code 33860	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		President		4/25/05 <small>DATE</small>	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HOBBY, STANLEY A 610 N INDUSTRIAL PARK RD SUITE 1 MULBERRY, FL 33860 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P=President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hobby, Stanley A. 610 N. Industrial Park Rd Suite 1 Mulberry, FL 33860	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V=Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bashlor, Ronnie S. 610 N. Industrial Park Rd Suite 1 Mulberry, FL 33860	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V=Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Polk, Lewis V. 610 N. Industrial Park Rd Suite 1 Mulberry, FL 33860	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S=Secretary-Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rayburn, Amy M. 610 N. Industrial Park Rd Suite 1 Mulberry, FL 33860	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600055329026 05/25/05--01038--017 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		Stanley A Hobby		4/19/05 863-425-5626 <small>Date Daytime Phone #</small>	