

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000090305

Entity Name: ALL ACCESS PLANS, INC.

**FILED**  
**Apr 14, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

136 WHITE BIRCH CIR  
HOPE, RI 02831 US

**New Principal Place of Business:**

**Current Mailing Address:**

136 WHITE BIRCH CIR  
HOPE, RI 02831 US

**New Mailing Address:**

FEI Number: 46-1289343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIPANNI, PATRICIA  
2901 CLINT MOORE RD #200  
BOCA RATON, FL 33496 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: PATRICIA DIPANNI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DIPANNI, PATRICIA  
Address: 136 WHITE BIRCH CIR  
City-St-Zip: HOPE, RI 02831 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA DIPANNI

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MRS.

04/14/2014

\_\_\_\_\_  
Date