AUG-20-'97 WED 15:36 ID: TEL NO: #809 P02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
97 AUG 22 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046295

1. Corporation Name
Access Technology System, Inc.

Mailing Address / Principal Place of Business
3341 NW 82nd Ave
Miami FL 33122

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

REINSTATEMENT 9/6/97

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida
6/21/94

5. FEI Number
65-0496387
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	Stuart Bodin	3341 NW 82nd Ave	Miami FL 33122
VP	Amory Bodin	3341 NW 82nd Ave	Miami FL 33122
VP	Karl Bodin	3341 NW 82nd Ave	Miami FL 33122

-08/26/97-01026-014
****915.00 ****915.00

8. Name and Address of Current Registered Agent
Scott R Willinger
8180 NW 36th St
Suite 100
Miami FL 33166 US

9. Name and Address of New Registered Agent
Name: Amory Bodin
Street Address (P.O. Box Number is Not Acceptable): 3341 NW 82nd Ave
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33122

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.

Signature of Registered Agent: Amory Bodin (REGISTERED AGENT MUST SIGN) Date: 8/20/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I n lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filir 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., and that a fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if mac under oath.

SIGNATURE: Amory Bodin VP 8/20/97 305-717-3376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #