

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000014430**

1. Corporation Name

MANAGED ACCESS, INC.

Principal Place of Business

874 W 47TH ST
MIAMI BEACH FL 33140

Mailing Address

874 W 47TH ST
MIAMI BEACH FL 33140

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

2. New Principal Office Address, If Applicable

~~861 Belle Meade Island Drive~~

Suite, Apt. #, etc.

~~Miami, FL~~

City & State

Zip

~~33138~~

Country

~~USA~~

3. New Mailing Office Address, If Applicable

~~Suite, Apt. #, etc.~~

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/1996

5. FEI Number

~~65-0643136~~

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)

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
D	ZAIAC, JERI	874 W 47TH ST 861 Belle Meade Island	MIAMI BEACH FL 33140 MIAMI FL 33138
D	DIMASACIO, SUZETTE	874 W 47TH ST 3810 Iron Wedge Drive	MIAMI BEACH FL 33140 Orlando, FL 32808

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****758.75 ****750.00

8. Name and Address of Current Registered Agent

ZAIAC, JERI

~~874 W 47TH ST~~

MIAMI BEACH FL 33140

861 Belle Meade Isl. Dr.
MIAMI, FL 33138

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

1/12/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 JAN 16 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

001/12

CR2E040 (8/97)