

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -1 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

VIRTUAL ACCESS, INC. #P6000039466

2. Principal Office Address

3601 TRILLIUM DR.

Suite, Apt. #, etc.

3. Mailing Office Address

3601 TRILLIUM DR.

Suite, Apt. #, etc.

City & State

PLANO, TX

City & State

PLANO, TX

Zip

75093

Country

USA

Zip

75093

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/1996

5. FEI Number

75-2715761

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT A. KASKY

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

2830 FAIRWAY DRIVE

Suite, Apt. #, Etc.

City

HOLLYWOOD, FL

State

FL

Zip Code

33021

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1-30-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DST	HUGHES, THOMAS A..	LARCHFIELD, HEATHFIELDS AVE	BERKSHIRE SLSOAL ENGLAND
DP	SKELTON, GRAHAM W.	SPRINGFIELD	BECKSHIRE RA8795 ENGLAND
D	BRINDLE, WILLIAM R.	SUMMERFIELDS, BRENTMOOR RD	WEST END SURREY ENGLAND
D	COLOPY, MICHAEL	1919 PENNSYLVANIA AVE, STE 800	WASHINGTON, D.C. 20006
V	POTEST, MICHAEL	16 LINBERGER DR	BRIDGEWATER, NJ 08807
			00-01 UBR TS

10. 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

29 January 2001

Daytime Phone #

561 776 0518

VIRTUAL ACCESS, INC.

3601 TRILLIUM DRIVE

PLANO, TX 75093

January 24, 2001

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Sir:

Enclosed is an Application for Reinstatement for Virtual Access, Inc. and our check made payable to Florida Secretary of State in the amount of \$308.75. This amount includes a \$300 reinstatement fee and \$8.75 for a certificate of status.

Discussions with your office indicate that the above corporation was dissolved September 22, 2000 for failure to file the uniform business report for 2000. We never received this required form and were not aware that it had not been filed. Your office indicates that the form was mailed to 11350 Random Hills Rd., Suite 800, Fairfax, VA 22030 and subsequently returned by the post office. This mailing address is incorrect.

Discussions with your office indicate that due to the above circumstances, the reinstatement fee of \$900 may be waived and a \$300 reinstatement fee may be accepted. We respectfully request such a waiver.

Please correct the principal address to 3601 Trillium Drive, Plano, TX 75093 and mail all future correspondence and forms to this address.

Your timely consideration of this application and request is appreciated.

Sincerely,

Thomas H. Hynes