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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

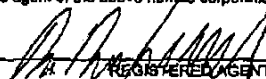
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000043628					
1. Corporation Name ACCESSPRO COMMUNICATIONS, INC.					
2. Principal Office Address 5000 SW75th Ave			3. Mailing Office Address 5000 SW 75th Ave		
Suite, Apt. #, etc. 3rd Floor			Suite, Apt. #, etc. 3rd Floor		
City & State Miami, Fl.			City & State Miami, Fl.		
Zip 33155	Country USA	Zip 33155	Country USA		

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 05/22/1996	
5. FEI Number 650792472	Applied For ☐ Not Applicable ☐
6. CERTIFICATE OF STATUS DESIRED ☒ SF 75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Ruben Perez-Sanchez	
Street Address (P.O. Box Numbers Not Acceptable) 5943 SW 135 Terrace	
Suite, Apt. #, Etc.	
City Miami	State / Zip Code FL 33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered AgentDate **7/28/06**

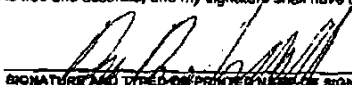
REGISTERED AGENT MUST SIGN

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
P	Mario Bustamante	7615 Ponce De Leon Rd	Miami, Fl. 33143
VP	Ruben-Perez-Sanchez	5943 SW 135 Terr	Miami, Fl. 33156

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 contained in Chapter 119, 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

7/28/06

Daytime Phone #

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Florida Department of State
Division of Corporations
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LOREXA

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

ACCESSPRO COMMUNICATIONS, INC.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$1,058.75

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