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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 AUG -2 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000043628

1. Corporation Name

ACCESSPRO COMMUNICATIONS, INC.

2. Principal Office Address		3. Mailing Office Address	
5000 SW75th Ave		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 Number is Not Acceptable): 5943 SW 135 Terrace

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33156

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: [signature] REGISTERED AGENT MUST SIGN Date 7/28/06

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

8/7/06

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] 7/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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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
Page Count	01
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