

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000043628**

1. Corporation Name

AccessPro Communications, INC.

2. Principal Office Address - No P.O. Box #

815 NW 57th AV

Suite, Apt. #, etc.

Suite 300

City & State

MIAMI, FL

Zip

33126

Country

U.S.

3. Mailing Office Address

815 NW 57th AV

Suite, Apt. #, etc.

Suite 300

City & State

MIAMI, FL

Zip

33126

Country

U.S.

7. Name and Address of Current Registered Agent

Name

Ruben Perez-Sanchez

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

815 NW 57th AV

Suite, Apt. #, Etc.

Suite 300

City

MIAMI

State

FL

Zip Code

33126

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

10-02-09

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	Ruben Perez-Sanchez	815 NW 57th AV, Suite 300	MIAMI, FL 33126

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 filling 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-02-09 305-527-5743

Daytime Phone #

FILED

09 OCT -6 AM 10: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000161387520
10/06/09--01025--015 **1050.00

REINSTATEMENT 02-09
CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida

05/22/1996

5. FEJ Number

650792472

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.