

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 23 PM 4:32

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000248675

1. Corporation Name

Access Around the clock

2. Principal Office Address

2227 Hayes Street

Suite, Apt. #, etc.

3. Mailing Office Address

21211 NE 25th Ct

Suite, Apt. #, etc.

City & State

Hollywood / FL

City & State

Miami FL

Zip

33021

Country

USA

Zip

33180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/97

5. FEI Number

☒ 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

Jill Perez

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

21211 NE 25th Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33180

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

[Handwritten Signature]

Date

3/20/06

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 |
|--------|--------------------------------------|---|--------------------|
| CEO | Adolfo Perez | 21211 NE 25th Ct | Miami, FL 33180 |
| Secy | Jill Perez | 21211 NE 25th Ct | Miami, FL 33180 |
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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

[Handwritten Signature] Jill Perez

Date

3/20/06

Daytime Phone #

305-466-2205