

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 MAR -5 AM 10:39

DOCUMENT # P97000042627  
1. Corporation Name  
Access and Hank's Sve's, Inc  
Services  
191 Martin Cir  
Royal Palm Bch., FL 33411

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

900091536039  
03/07/07--01015--004 \*\*600.00

**REINSTATEMENT** 04-07  
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # <u>191 Martin Cir.</u>		3. Mailing Office Address <u>191 Martin Cir</u>	
Suite, Apt. #, etc. <u>Royal Palm Bch</u>		Suite, Apt. #, etc. _____	
City & State <u>Royal Palm Bch</u>		City & State <u>Royal Palm Bch., FL</u>	
Zip <u>33411</u>	Country <u>U.S.A.</u>	Zip <u>33411</u>	Country <u>U.S</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>May 18, 1997</u>	
5. FEI Number <u>105-0759935</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
Henry Alva

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

Suite, Apt. #, Etc.  
\_\_\_\_\_

City  
Royal Palm Bch., FL

State  
FL

Zip Code  
33411

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.

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] Date 3.2.07

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
<u>President</u>	<u>Henry Alva</u>	<u>191 Martin Cir</u>	<u>Royal Palm Bch., FL 33411</u>
	<u>[Signature]</u>		

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] Date 3.2.07 Daytime Phone # 561-396-5904  
561-644-7065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR