

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 AUG 20 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000101520

1. Corporation Name

Access Relocation Services, Inc.

200159783622
08/20/09--01052--011 **1500.00

REINSTATEMENT 04-09

200159783622
08/20/09--01052--012 **8.75

CR2E081 (12/08)

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

6101 Cypress Road

3. Mailing Office Address

6101 Cypress Road

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33317

Country

USA

Zip

33317

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1998

5. FEI Number
650881742

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

Richard Huff

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

6101 Cypress Road

Suite, Apt. #, Etc

City

Plantation

State

FL

Zip Code

33317

☐ 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 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Richard Huff

Date

8/13/09

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 | Richard Huff | 6101 Cypress Road | Plantation, FL 33317 |
| | | | |
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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

Richard E. Huff Sr. - President

Date

8/13/09

Daytime Phone #

954-683-1633

RICHARD E. HUFF SR.