

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000105257

1. Corporation Name

ACCESS INSURANCE CORPORATION

Principal Place of Business

900 MAR WALT DR. SUITE 1014
FT. WALTON BCH FL 32547

Mailing Address

900 MAR WALT DR. SUITE 1014
FT. WALTON BCH FL 32547

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

425 W. Hollywood Blvd.
Suite, Apt. #, etc. suite D

City & State MARY ESTHER, FL.

Zip 32569 Country USA

3. New Mailing Office Address, If Applicable

425 W. Hollywood Blvd.
Suite, Apt. #, etc. suite D

City & State MARY ESTHER, FL.

Zip 32569 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1998

5. FEI Number

59 3559740

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CLARK, EARL J	425 W. HOLLYWOOD BLVD.	MARY ESTHER FL 32569
D	BROWN, ROBERT L JR.	425 W. HOLLYWOOD BLVD.	MARY ESTHER FL 32569

8. Name and Address of Current Registered Agent

FOSTER, WILLIAM S
909 MAR WALT DR., SUITE 1014
FT. WALTON BCH FL 32547

9. Name and Address of New Registered Agent

Name EARL J. CLARK
Street Address (P.O. Box Number is Not Acceptable)
425 W. Hollywood Blvd. - Suite D
Suite, Apt. #, Etc. Suite D
City MARY ESTHER State FL Zip Code 32569

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Earl J. Clark
REGISTERED AGENT MUST SIGN

Date 10-27-99

11. 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 under section 119.07(3)(i), 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

10-27-99 850-243-1494
Date Daytime Phone #