

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 OCT 18 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000028686

1. Corporation Name

ACCESS BENEFITS, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 809
PENSACOLA FL 42594~~

P.O. BOX 809
PENSACOLA FL 42594



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

2. New Principal Office Address, If Applicable

~~2967 Bud Diamond Rd.~~

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAY, FL

City & State

Zip

32565

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/29/1999

5. FEI Number

59-3571618

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
D	DAY, WILLIAM G Delete	142 COURTSIDE DRIVE	BATON ROUGE LA 70810
D	MCMELLON, PAUL A Delete	2351 DUNSFORD RD.	JAY FL 32565
D	SCHERF, W P	2967 BUD DIAMOND RD.	JAY FL 32565
D	PHILLIPS, m.w.	5803 CRUISER WAY	Tampa, FL 33615
D	SHERLIN, S	773 Tower Lake DR.	MONTGOMERY, AL 36117

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHERF, W P
2967 BUD DIAMOND RD.
JAY FL 32565

Name

Suite, Apt. #, Etc.

City

State | Zip | Code

FL

REINSTATEMENT 2000

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

W. Palmer Scherf
REGISTERED AGENT MUST SIGN

Date

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:

W. Palmer Scherf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/2000 850-675-6111

CR2E040 (8/00)