

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JAN 12 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 990000 28686**

1. Corporation Name
ACCESS BENEFITS, INC

REINSTATEMENT **03-05**
MRS

2. Principal Office Address
2967 BUD DIAMOND Rd
Suite, Apt. #, etc. **-**

3. Mailing Office Address
2967 Bud Diamond Rd
Suite, Apt. #, etc. **-**

City & State
JAY, FL

City & State
JAY, FL

Zip
32565

Country

Zip
32565

Country

4. Date Incorporated or Qualified To Do Business in Florida
3/29/99

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. Name and Address of Current Registered Agent

Name
W. PALMER SCHERF

Street Address (P.O. Box Number is Not Acceptable)
2967 BUD DIAMOND ROAD

Suite, Apt. #, Etc.
-

City
JAY,

State
FL

Zip Code
32565

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: **W. Palmer Scherf** Date: **1/10/05**

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
PD	W. PALMER SCHERF	2967 BUD DIAMOND Rd	JAY, FL 32565

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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 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 - W. PALMER SCHERF** 1/10/05 850-675-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)