

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 15 PM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P990000065164*

1. Corporation Name

Equal Access, Inc.

REINSTATEMENT

01-02

2. Principal Office Address

420 Live Oak Blvd

Suite, Apt. #, etc.

Bldg 4

City & State

Casselberry, FL

Zip

32817

Country

USA

3. Mailing Office Address

P.O. Box 181291

Suite, Apt. #, etc.

City & State

Casselberry

Zip

32817

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/15/1999

5. FEI Number

59-3586282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Susan Golden

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

2811 Kunt Street

Suite, Apt. #, Etc.

F

City

Eustis

600005449916--9

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****\$900.00 ***\$900.00*

State

FL

Zip Code

32726

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

Susan Golden
REGISTERED AGENT MUST SIGN

Date

4/10/02

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
<i>P</i>	<i>DAVID D. ALLEN</i>	<i>420 LIVE OAK BLVD</i>	<i>CASSELBERRY, FL 32718</i>

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:

[Signature] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02
Date

Date

(407) 381-6101
Daytime Phone #

Daytime Phone #

CR2E081 (9/01)

B