PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000075853**

1. Corporation Name

ACCESS USA, INC.

Principal Place of Business

Mailing Address

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

7041 GRAND NATIONAL DRIVE. SUITE 236

7041 GRAND NATIONAL DRIVE. SUITE 236

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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10/15/01

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address. If Applicable 79.3. New Making Office Address. If Applicable 79.3. Service 10.2. 3. New Making Office Address. If Applicable 79.3. Service 10.2. 5. Suite 10.2. Suite 10.2. Suite 10.2. Suite April 4 etc. 6. Suite 10.2. Suite 10.2. Suite 10.2. Suite April 4 etc. 7. New Principal Office Address. If Applicable 79.3. Service 10.2. Suite April 4 etc. 7. Suite 10.2. Suite 10.2. Suite 10.2. Suite April 4 etc. 7. Suite 10.2. Suite 10.2. Suite 10.2. Suite April 4 etc. 7. New Suite 10.2.	ORLANDO FL 32819 ORLANDO FL					32819			I TODRÍUDES INTERIALID IDNIR BRIRL DONAL DANIN DITRIC REBON BRIDA FRARES RAIGO AND CROA				
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Suite, Apt. #, etc. Suite,													
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City & State ORLANDO FLORIDA O									5. FEI Number			Applied For	
Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title (s))						1	NOT APP	LICABLE	Not Applicable		
7. Names and Street Address of Carnett Registered Agent 8. Name and Address of Current Registered Agent 8. Name and Address of States 9. Name and Address of New Registered Agent 8. Name and Address of States 9. Name and Address of New Registered Agent 8. Name and Address of States 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 9. States 9. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 9. States 9. Street Address (P.O. Box Number is Not Acceptable) 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. 8. Signature of Registered Agent 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. If further certify that when filling									6.		\$9.75	1	
7. Names and Street Addresses of Each Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) 2 Name of Officers 3 Street Address of Each Officers 4 City / State / Zip D. EMERSON, NEIL A 784 SOUTH MILLS AVENUE 3 290 3 SHEEHAAV , SHEXLA 5 510 CHERROKEE DAXUE 3290 3 SHEEHAAV , SHEXLA 5 510 CHERROKEE DAXUE 3290 3 SHEEHAAV , SHEXLA 5 SID CHERROKEE DAXUE 3290 3 SHEEHAN , SHEILA S 510 CHERROKEE DAXUE 3290 3 SHEEHAN , SHEILA S 510 CHERROKEE DAXUE 5. Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHEEHAN , SHEILA S 510 CHERROKEE DRIVE ORLANDO FL 32803 Suita, Apt. #, Elc. City State Zip Code FL Registered Agent Address of Section 607.0505, F.S. Signature of Registered Agent Agent NulsT SIGN 11. Loerlify 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 filling 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 filling 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 filling									CERTIFICATE	OF STATUS DES			
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