

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 16 PM 1:57

DOCUMENT # P99000075853

1. Corporation Name

ACCESS USA, INC.

Principal Place of Business

7041 GRAND NATIONAL DRIVE, SUITE 236
ORLANDO FL 32819

Mailing Address

7041 GRAND NATIONAL DRIVE, SUITE 236
ORLANDO FL 32819



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

2. New Principal Office Address, If Applicable

7083 GRAND National Dr.
Suite, Apt. #, etc. Suite 102

City & State
ORLANDO FLORIDA

Zip Country
32819 USA

3. New Mailing Office Address, If Applicable

7083 GRAND National Drive
Suite, Apt. #, etc. Suite 102

City & State
ORLANDO, FL

Zip Country
32819 USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/1999

5. FEI Number

NOT APPLICABLE

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	EMERSON, NEIL A SHEEHAN, SHEILA S	724 SOUTH MILLS AVENUE 510 CHEROKEE DRIVE	ORLANDO FL 32801 32803

300004653293--0
10/25/01 01049 020
****750.00 ****750.00

JBW/21

8. Name and Address of Current Registered Agent

SHEEHAN, SHEILA S
510 CHEROKEE DRIVE
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

X

Sheila S. Sheehan

REGISTERED AGENT MUST SIGN

Date

10/15/01

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheila S. Sheehan

10/15/01

Date

(407) 345-4996

Daytime Phone #

CR2E040 (8/01)