

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # V70498

Corporation Name THE GLOBAL ACCESS GROUP, INC

Address Principal Place of Business

831 EAST PALMETTO PARK ROAD  
BOCA RATON  
FL 33432

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

New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

Appt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

& State

City & State

Country

Zip

Country

SEC  
TALLA

FILED  
00 JAN 14 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3175993

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President /A	BARRY WATERFIELD	831 EAST PALMETTO PARK RD BOCA RATON, FL 33432	000003103410--1 -01/20/00--01003--015 ****168.75 ****168.75
			000003103410--1 -01/20/00--01003--016 ****500.00 ****500.00
			000003103410--1 -01/20/00--01003--017 ****500.00 ****500.00

REINSTATEMENT 94-00

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8. Name and Address of Current Registered Agent

BARRY WATERFIELD  
831 EAST PALMETTO PARK RD.  
BOCA RATON  
FL 33432

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

000003103410--1  
-01/20/00--01003--018  
\*\*\*\*500.00 \*\*\*\*500.00

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 B Waterfield

Date 12/27/99

REGISTERED AGENT MUST SIGN

1. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

2. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

3. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/27/99 954 216 4686