

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

FILED  
 00 APR 14 AM 10:34  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F98000002593

1. Corporation Name  
 Access One, Inc.

2. Principal Office Address 125 N. Halsted St., 4th Fl. Suite, Apt. #, etc.		3. Mailing Office Address 125 N. Halsted St., 4th Fl. Suite, Apt. #, etc.	
City & State Chicago, Illinois		City & State Chicago, Illinois	
Zip 60661	Country USA	Zip 60661	Country USA

**REINSTATEMENT** 99-00

4. Date Incorporated or Qualified To Do Business in Florida: May 7, 1998  
 5. FEI Number: 36-3894321 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: C T Corporation System  
 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road  
 Suite, Apt. #, Etc.:  
 City: Plantation State: FL Zip Code: 33324

188802220251-006-3  
 04/29/00-0113-006-3  
 \*\*\*\*900.00 \*\*\*\*900.00

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: *Kevin J. Gallagher* KEVIN J. GALLAGHER ASSISTANT VICE PRESIDENT REGISTERED AGENT MUST SIGN Date: 4/10/2000

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
CEO/Sec	Lance Honea	125 N. Halsted St., 4th Fl	Chicago, IL 60661
Pres	Brian Barkley	125 N. Halsted St., 4th Fl.	Chicago, IL 60661
Trea.	Mark Jozwiak	125 N. Halsted St., 4th Fl.	Chicago, IL 60661
V-P	Lance Honea	125 N. Halsted St., 4th Fl.	Chicago, IL 60661
Dir.	Brian Barkley	125 N. Halsted St., 4th Fl.	Chicago, IL 60661
Dir.	Mark Jozwiak	125 N. Halsted St., 4th Fl.	Chicago, IL 60661

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]* 4-5-2000 312-441-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE

CR2E081 (9/99)