

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 29 PM 1:22

DOCUMENT # **F0000006898**

1. Corporation Name
AS PROPERTIES LTD, CO.

Principal Place of Business	Mailing Address
2455 HOLLYWOOD BLVD., #301 HOLLYWOOD FL 33020	2455 HOLLYWOOD BLVD., #301 HOLLYWOOD FL 33020



REINSTATEMENT

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. * 305	Suite, Apt. #, etc. * 305
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	12/13/2000
5. FEI Number	65-0788538
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input checked="" type="checkbox"/> \$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
PCD	HANSEN, ANNE	2455 HOLLYWOOD BLVD., #301	HOLLYWOOD FL
VD	PIPPS, CHRISTIE	2455 HOLLYWOOD BLVD., #301	HOLLYWOOD FL
			800004685369--1 -11/16/01--01085--023 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

SCOTT, CRAIG E
 1820 NE 163 ST., #301
 N. MIAMI BEACH FL 33162

9. Name and Address of New Registered Agent

Name: **LYAD SAULSBURY**
 Street Address (P.O. Box Number is Not Acceptable): **2455 HOLLYWOOD BOULEVARD**
 Suite, Apt. #, Etc.: **305**
 City: **HOLLYWOOD** State: **FL** Zip Code: **33020**

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: *[Signature]* REGISTERED AGENT MUST SIGN Date: **10/25/2001**

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **10-25-2001** Daytime Phone #: **305 9486011**

CR6040 (801)