

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JUN 12 AM 1:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 -06/16/98--01063--013
 ***1050.00 ***1050.00

DOCUMENT # **P37991**

1. Corporation Name

A-S Energy, Inc.

Principal Place of Business
**1 Centennial Ave.
 Piscataway, NJ 08855**

Mailing Address
**1 Centennial Ave.
 Piscataway, NJ 08855**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3/20/1992	
City & State		City & State		5. FEI Number	
Zip		Zip		13-2906230	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Paine, Frederick C.	1 Centennial Avenue	Piscataway, NJ 08855
V/S/T/D	Mahoney, MaryJane	1 Centennial Avenue	Piscataway, NJ 08855
REINSTATEMENT 96-98 TS			
6/12			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation 1200 South Pine Island Road Plantation, FLA 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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 **Kimberly Gilbertson** Date **6/11/98**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: **Mary Jane Mahoney**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6/5/98** (732) 980-6000
 Daytime Phone #

CR2E040(1/96)