

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1002

**CORPORATION  
REINSTATEMENT**

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

**FILED**  
**Jul 22, 2002 8:00 A.M.**  
**Secretary of State**

DOCUMENT # P99000033240

1. Corporation Name

ASSC Corp.

900006707469--1  
-07/26/02--01051--014  
\*\*\*\*458.75 \*\*\*\*458.75

2. Principal Office Address 14930 N.W. 10 Place Suite, Apt. #, etc.		3. Mailing Office Address P. O. Box 600932 Suite, Apt. #, etc.	
City & State Miami, Fl.		City & State North Miami Beach, Fl.	
Zip 33168	Country Dade	Zip 33160	Country Dade

4. Date Incorporated or Qualified To Do Business in Florida 4/12/99	
5. FEI Number 65-0920262	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

Name Donald McGee		
Street Address (P.O. Box Number is Not Acceptable) 14930 N. W. 10 Place		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33168

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 *Donald McGee*

Date July 15, 2002

REGISTERED AGENT MUST SIGN

**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
P	Donald McGee	14930 N.W. 10 Place	Miami, Fl. 33168

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.

*Donald McGee*

SIGNATURE: Donald McGee, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02 (954) 868-1634

Date

Daytime Phone #

CR2E081 (9/99)

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14930 N.W. 10 Place  
Miami, Fl. 33168  
July 15, 2002

TO WHOM IT MAY CONCERN:

I did not receive the 2000 Annual Report form on ASSC Corp. I therefore am enclosing my check for \$458.75 to cover the cost of reinstatement of this corporation.

Sincerely,

ASSC Corp.



Donald McGee  
President

/am  
encl.