

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 22 11:10:07

DOCUMENT # P99000051368

1. Corporation Name

Asset Foundry, Inc.

2. Principal Office Address

200 NE 27th Ave

3. Mailing Office Address

200 NE 27th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33435

Country

Palm Beach

Zip

33435

Country

Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida

06/03/1999

5. FEI Number

650928844

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

Garfield Hamilton

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

200 NE 27th Ave

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

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

Garfield Hamilton

REGISTERED AGENT MUST SIGN

Date

2/27/06

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	Garfield Hamilton	200 NE 27th Ave	Boynton Beach, FL 33435
			400069951914 04/10/06--01056--005 **600.00
			REINSTATEMENT 01-06
			400069951914 04/10/06--01056--006 **900.00

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:

Garfield Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06

Date

561 733 9366

Daytime Phone #

CR2E081 (9/01)