PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

03 MAY 29 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION**
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000006118

**1.** Corporation Name

A.Sur Net Services, Inc

2002-2003 UBR

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 15950 West Dixie Hwy | 15950 West Dixie Hwy |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: North Miami Beach, FL | City & State: North Miami Beach, FL |
| Zip: 33162 / Country: USA | Zip: 33162 / Country: USA |

**4.** Date Incorporated or Qualified To Do Business in Florida

**5.** FEI Number: 22-3836701 ☐ 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

500020424015
06/03/03--01069--001 **30.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

**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: Barbara A Burke BARBARA A. BURKE Date: 5-30-03

REGISTERED AGENT MUST SIGN SPECIAL ASSISTANT SECRETARY

CR2E081 (10/02)

**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 |
|---|---|---|---|
| Pres | David M. Martin | 15950 West Dixie Hwy | North Miami Beach,FL 33162 |
| VP | Peter Collins | 15950 West Dixie Hwy | North Miami Beach,FL 33162 |
| VP | Dexter Cartwright | 15950 West Dixie Hwy | North Miami Beach,FL 33162 |
| Secy | Kristin Di Traglia | 15950 West Dixie Hwy | North Miami Beach,FL 33162 |
| | | | |
| | | | |

**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:** Dexter Cartwright VP Finance 5/29/03 786-274-8543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #