

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 19 PM 1:35

DOCUMENT # F02000006394

1. Corporation Name

ASSET PLUS CORPORATION

200162955762 KS
11/19/09--01002--023 **750.00

REINSTATEMENT 06-09

2. Principal Office Address- No P.O. Box #

5151 SAN FELIPE

Suite, Apt. #, etc.

2050

City & State

HOUSTON, TX

Zip

77056

Country

USA

3. Mailing Office Address

5151 SAN FELIPE

Suite, Apt. #, etc.

2050

City & State

HOUSTON, TX

Zip

77056

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/2002

5. FEI Number

76-0181050

☐ 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

CORPORATE SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301



The reinstatement fee is imposed, except in circumstances
which the entity did not receive the prior notices. By
checking this box, you are certifying the prior notices
were not received and requesting the reinstatement fee be
waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of

Registered Agent

Date

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/D	MICHAEL S MCGRATH	5151 SAN FELIPE, STE 2050	HOUSTON, TX 77056

10. E-mail Address: **mmcgrath@assetpluscorp.com**

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

Michael S. McGrath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/06/2009 713-782-5800

Date

Daytime Phone#