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APPLICATION FOR REINSTATEMENT

2000

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

UBZ

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1. Corporation Name

Principal Place of Business

Mailing Address

48289 FREMONT BLVD.
FREMONT CA 94538-6522

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 08/20/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 94-3289429	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		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	4 City / State / Zip
PD	LIANG, MARCEL	48289 FREMONT BLVD.	FREMONT CA 94538
SD	LIANG, CHRISTINE	48289 FREMONT BLVD.	FREMONT CA 94538
T	LEONG, LAWRENCE	48289 FREMONT BLVD.	FREMONT CA 94538
			600003485536--5 -12/05/00--01011--012
			****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State FL	Zip Code

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 *[Signature]* **SIGNATURE REQUIRED** Date 10/25/2000

REGISTERED AGENT MUST SIGN

11. 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.

10-24-2000 1-800-240-ASL

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Jeffrey P. Rosenberg
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Oct. 30, 2000

FL DEPT. OF STATE
DIV OF CORP

RE: ASI, CORP.-GREATER FL

Dear Sirs:

Thanks for taking the time to read this letter.

I am corporate counsel for ASI. I am located in CA. I never received the annual report form for the year 2000 to complete and return. Maybe my accounting Dept., that has high turnover, never forwarded same to me. At any rate, I respectfully request that the \$600.00 Reinstatement Fee be waived. I have never had to ask previously for this favor.

Our payment of \$150.00 is attached hereto.

Thanking you in advance,

Very truly yours,

A handwritten signature in black ink, appearing to be "JP Rosenberg", written over a horizontal dashed line.

Jeffrey P. Rosenberg