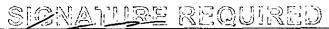
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. TMENT OF STATE FILED CORPORATIONS F97000004389 DOCUMENT # 00 NOV -6 AM 10: 56 1. Corporation Name SECRETARY OF STATE TALEAHASSEE, FEORIDA ASI CORP.-GREATER FLORIDA Principal Place of Business Mailing Address 5120 C EAST ALAMO DR 48289 FREMONT BLVD. **TAMPA FL 33619** 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 Date Incorporated or Qualified
To Do Business in Florida 08/20/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 94-3289429 City & State City & State Not Applicable \$8.75 Additional Fee required Country Zip Country Zip CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Name of Officers and/or Directors City / State / Zip Officer and/or Director Title(s) FREMONT CA 94538 48289 FREMONT BLVD. PD LIANG, MARCEL FREMONT CA 94538 48289 FREMONT BLVD. SD LIANG, CHRISTINE FREMONT CA 94538 T LEONG, LAWRENCE 48289 FREMONT BLVD. \*\*\*\*150.00 \*\*\*\*150.00 -9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. PLANTATION FL 33324 Zip Code State City 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 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.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-2000

1-800-2100 ASI

Daytime Phone

CHRISTINE LIANG - PIRECTOR

2012



Jeffrey P. Rosenberg Corporate Counsel Direct: (510) 354-0605 Direct Fax: (510) 668-5088 Email: jeff.rosenberg@ASI2000.com

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.

Jeffrey P. Rosenberg

Our payment of \$150.00 is attached hereto.

Thanking you in advance,

ASI Corp. 48289 Fremont Blvd., Fremont CA 94538-6522 Tel: (510) 226-8000 Fax: (510) 249-0272