

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

06 JUN 14 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H96822

1. Corporation Name

ASSET ENHANCEMENT, INC.

2. Principal Office Address

1280 West Newport Center Dr. Same As #2

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Zip
33442

Country
U.S.A.

Zip

Country

REINSTATEMENT

CR2E081 (12/05)

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

01/29/1986

5. FEI Number
59-2638582

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

Sheila L. O'Boyle

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

23 N. Hidden Harbour Dr.

Suite, Apt. #, Etc.

City

Gulf Stream

State
FL

Zip Code
33483

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

Sheila O'Boyle
REGISTERED AGENT, MUST SIGN

Date 5/25/06

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
DPT	O'BOYLE, MARTIN E.	1280 W.Newport Center Dr.	Deerfield Beach, FL 33442
V	RING, WILLIAM F.	1280 W.Newport Center Dr.	Deerfield Beach, FL 33442

400076429824
06/21/06 01017 019 **1200.75

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 contained in Chapter 119, 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:

William F. Ring

William F. Ring, Vice President 5/25/06 954-360-7713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #