

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 10 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J73055

1. Corporation Name

AMERICAN SURFACE TECHNOLOGIES
INTERNATIONAL, INC.

REINSTATEMENT 01-05

2. Principal Office Address

2800 HAMPTON Rd
Suite, Apt. #, etc.
306

3. Mailing Office Address

2800 HAMPTON Rd
Suite, Apt. #, etc.
306

City & State

LAS VEGAS NV

City & State

LAS VEGAS NV

Zip

89052

Country

USA

Zip

89052

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1987

5. FEI Number

592822017

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

T. Roberts NOV 14 2005
CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

CT CORPORATION

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

1200 SOUTH PINE ISLAND Rd.

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

Lisa Samuels

REGISTERED AGENT MUST SIGN

Date

10/16/05

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.S.D	MIKE BROWN	2800 HAMPTON Rd SUITE 308	LAS VEGAS, NV 89052
			400061341484 11/18/05 01034 014 **500.00
			400061341484 11/18/05 01034 015 **500.00
			400061341484 11/18/05 01034 016 **350.00

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:

Mike Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/05 702-386-5398
Date Daytime Phone #