PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 OCT 30 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BEF

DOCUMENT # J97361

1. Corporation Name

A.S.T. CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
20000 E. COUNTRY CLUB DR. N. MIAMI BEACH FL 33160	~~C/O GARY A. SAUL ESQ.~~ ~~1221 BRICKELL AVE.~~ ~~MIAMI FL 33131~~ ~~US~~

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
	C/O 1950 Collins Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: North Miami Bch, FL
Zip / Country	Zip: 33160 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/15/1987

5. FEI Number: 59-2851710 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDS	DALY, THOMAS F.	20000 E. COUNTRY CLUB DR	N. MIAMI BCH. FL 33180
~~VP~~	~~[illegible], MICHELLE~~	~~20000 E COUNTRY CLUB DR~~	~~N. MIAMI BEACH FL 33180~~
VP	DALY, THOMAS III	20000 E COUNTRY CLUB DR	N. MIAMI BEACH FL 33180

200001998772--4
-11/07/96--01026--014
****375.00 ****375.00

REINSTATEMENT 1996
A. Alan
10-30-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~BERGER, JAMES L ESQ.~~ ~~BERGER & DAVIS P.A.~~ ~~100 NE THIRD AVE., STE. 400~~ ~~FT. LAUDERDALE FL 33301~~ Carrie A. Jaeger c/o Ocean One 1950 Collins Ave. N. Miami Bch., FL 33160	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 REQUIRED — REGISTERED AGENT MUST SIGN   Date: 10/1/96.

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date: 10/1/96.   Daytime Phone #: (305) 932-9602

CR2E040 (7/96)