

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 27 10 08 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J98519**

1. Corporation Name

AASEMAN CORPORATION

400009712714
12/27/02--01026--007 **150.00

Principal Place of Business

14575 W. DIXIE HWY
N. MIAMI FL 33161

Mailing Address

14575 W. DIXIE HWY
N. MIAMI FL 33161

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1987

5. FEI Number

59-2858263

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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
PDVT	GILLINGHAM, HEATHER S	14575 W. DIXIE HWY	N. MIAMI FL 33161

8. Name and Address of Current Registered Agent

GILLINGHAM, HEATHER
14575 W. DIXIE HWY
N. MIAMI FL 33161

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Heather S Gillingham
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/11/02

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:

Heather S Gillingham
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/11/02

Daytime Phone #

(305) 940-9999

CR2E040 (8/02)

AASEMAN CORPORATION

14575 West Dixie Highway

North Miami, Florida 33161

Telephone: (305) 940-9999 Fax: (305) 940-3802

December 11, 2002

Division of Corporations
Annual Report/Reinstatement Section

To Whom It May Concern:

This letter will serve to reinstate Aaseman Corporation. Please be advised that the prior UBR notices were not received by our corporation.

Attached please find the reinstatement application and filing fee.

Sincerely,



Heather Gillingham
President