PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # JS

J98519

1. Corporation Name

AASEMAN CORPORATION

Principal Place of Business

Mailing Address

14575 W. DIXIE HWY

14575 W. DIXIE HWY

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT OZ



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						500023986215 10/21/0301140021 **150.00			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
				illing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 10/22/1987			
Suite, Apt. #, etc. Suite, Apt.						5. FEI Number Applied For S9-2858263 Not Applied be			
City & State City & State									
Zip Country Zip			Zip	Country		6. CERTIFICATE OF STATUS DESIRED Tor a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonpro	fit corporations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PBVT	GILLINGHAM, HEATHER 8			14575 W. DIXIE HWY		N. MIAMI FL 33161			
BVT	ESPI	VOSA, MARTA	A.	45	75 W. Dixie 1	lwy	N. Mianni PL,	3316)	
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			- 						
				 					
	8, Nam	e and Address of Current	Registered Age	ent		9. Name and	Address of New Registered A	gent	
Name						A A. ESPINORA-			
GILLINGHAM, HEATHER					Street Address (P.Q. Box Number is Not Acceptable)				
14575 W. DIXIE HWY					14575 WEST DIXIE HAY -				
N. MIA	AMI FL 3316	1		Suite, Apt. #, Etc.					
					N. MiA	mi	State FL	Zip Code 33 6	
10. I, being	appointed the	e registered agent of the abo	ove named corp	oration, am f	amiliar with and accept the ol	oligations of Sec	ction 607.0505, F.S. or 617.0505,	, F.S.	
		·							
Signature o	of	1. Com	ا الماض	1 2					
Registered		Works !	spuo!	ENT MUCT	CION		Date		
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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

(305)940-9999

Florida Department of State Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Attached please find the Corporation Reinstatement form for my corporation, Aaseman Corporation. I am sending this now, because I recently received this form and found that my corporation was inactive. I sent the Annual Business Report in April of this year with Check #1007 in the amount of \$150. I was obviously not received by you, or you would not have dissolved the corporation and sent me the reinstatement form. I am therefore sending a new check in the amount of \$150.00 to reinstate my corporation.

There are changes in the presidency of the corporation as reflected in the reinstatement form. These changes will take effect upon your receipt and processing of this form.

Thank you in advance for your attention to this matter. Our mailing address has not changed and is 14575 W. Dixie Highway, North Miami, FL 33161. Should you need to contact me, please do so at this mailing address.

Sincerely,

Heather Gillipgham President (Previous)

Aaseman Corporation

Marta Espinosa President (Current) Aaseman Corporation

Marta Despensa