

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC -7 PM 4:00	
DOCUMENT # K02442					
1. Corporation Name ASIS CORPORATION					
Principal Place of Business % ASHOK PATEL 4155 N.W. 13TH ST. GAINESVILLE FL 32609-1808		Mailing Address % ASHOK PATEL 4155 N.W. 13TH ST. GAINESVILLE FL 32609-1808			
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 <div style="text-align: right;">11/16/1987</div>	
5. FEI Number <div style="text-align: center;">59-2861542</div>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$6.75 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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P	PATEL, ASHOK	4155 N.W. 13TH ST.	GAINESVILLE FL		
T	PATEL, SHEILA A.	4155 N.W. 13TH ST.	GAINESVILLE FL		
			300004740263--8 -12/26/01--01103--014 ****750.00 ****750.00		
8. Name and Address of Current Registered Agent					
9. Name and Address of New Registered Agent					
PATEL, ASHOK 4155 N.W. 13TH ST. GAINESVILLE FL 32609-1808			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 			Date 12/5/2001		
REGISTERED AGENT MUST SIGN					
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:  / ASHOK PATEL 11-2-01 386-462-7888					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E040 (8/01)