

LU2000024765

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000024765

1. Limited Liability Company's Name

ASB, LLC

03

FILED
04 JUL -8 PM 5:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

2. Principal Office Address

19555 E. Country Club Drive

3. Mailing Office Address

2588 SW 27TH AVE.

Suite, Apt. #, etc.

Suite 604

Suite, Apt. #, etc.

City & State

Aventura, FL

City & State

MIAMI, FL

Zip

33180

Country

US

Zip

33133

Country

US

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

09/23/2002

6. FEI Number

04-3714741

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

23.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CONSULTING SERVICES OF SOUTH FLORIDA, INC.

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

2588 SW 27TH AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of
Registered Agent

Andres Ascencio

Date

7/7/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ANDRES ASCENCIO	19555 E. Country Club Drive, #604	Aventura, FL 33180

REINSTATEMENT 2003-2004

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 606.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Andres Ascencio

Date

7/7/04

Daytime Phone #

305-444-2013

Typed or printed name of signing Managing Member/Manager

102000024765

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

FILED
04 JUL -8 PM 5:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO WHOM IT MAY CONCERN:

BK

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR THE YEARS 2003 & 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

Andres Ascencio
ANDRES ASCENCIO
MGRM