

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 24 PM 12:08

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000037328

1. Limited Liability Company's Name

ASAPH, LLC

Web-28894

500132972675
07/16/08--01003--001 **555.00

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 393 Maitland Ave. Suite, Apt. #, etc.		3. Mailing Office Address 393 Maitland Ave. Suite, Apt. #, etc.	
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL	
Zip 32701	Country USA	Zip 32701	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 05/20/2004	
6. FEI Number 20-1130100	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Samuel D. Pratt		
Street Address (P.O. Box Number is Not Acceptable) 393 Maitland Ave.		
Suite, Apt. #, Etc.		
City Altamonte Springs	State FL	Zip Code 32701

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Date 5-28-08

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	Samuel D. Pratt	393 Maitland Ave.	Altamonte Springs, FL 32701

REINSTATEMENT 05-08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.406, 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

[Signature]

Date 5-28-08

Daytime Phone # 407-260-7002

Typed or printed name of signing Managing Member/Manager Samuel D. Pratt