

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L07000071473**

1. Limited Liability Company's Name

ASAN, LLC

2. Principal Office Address - No P.O. Box #

248 Jepson Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1809

Suite, Apt. #, etc.

City & State

Titusville, FL

Zip

Country

32780 US

City & State

Titusville, FL

Zip

Country

32781 US

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

7/10/2007

6. FEI Number

611538322

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name **James Lewis Crowell**

Street Address (P.O. Box Number is Not Acceptable) **248 Jepson Street**

Suite, Apt. #, Etc.

City **Titusville**

State

FL

Zip Code

32780

E-mail Address:

Scrowell13@gmail.com
(To be used for future annual report notices)

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 **James Lewis Crowell**

Date **5/31/2011**

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	James Lewis Crowell	248 Jepson Street	Titusville, FL 32780
REINSTATEMENT - 2010 + 2011			

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager **James Lewis Crowell** Date **5/31/2011** Daytime Phone # **(321) 269-0143**

Typed or printed name of signing Managing Member/Manager **James Lewis Crowell**

Handwritten initials

FILED
2011 JUN -3 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100208406081
06/03/11--01003--005 **382.50
CR2041 (1/11)