

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M89882**

1. Corporation Name

ASAP Restoration Inc.

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

18950 US Hwy 441

Suite, Apt. #, etc.

#172

City & State

Mount Dora FL

Zip

32757

Country

USA

3. Mailing Office Address

18950 US Hwy 441

Suite, Apt. #, etc.

#172

City & State

Mount Dora FL

Zip

32757

Country

USA

7. Name and Address of Current Registered Agent

Name

Shane Loschen

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

18950 US Hwy 441

Suite, Apt. #, Etc.

#172

City

Mount Dora

State

FL

Zip Code

32757

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Shane Loschen

REGISTERED AGENT MUST SIGN

Date **5-5-2010**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Shane Loschen	18950 US Hwy, #172, 441	Mount Dora FL 32757

10. E-mail Address: **SLadvanced@gmail.com**

(To be used for future annual report notification)

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. I further certify, 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:

Shane Loschen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

10 MAY 12 AM 7:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
RETURNED CHECK

~~05/12/10 01015 021 **3900.00~~

REINSTATEMENT **89-10**

4. Date Incorporated or Qualified
To Do Business in Florida

7/15/1988

5. FEI Number

27-2534190

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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 reinstatement fee be waived.

600180767806

~~05/12/10--01015--021 **3900.00~~

5-5-2010

Date

Daytime Phone #

866-766-3911