

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **96-97** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 JUN -4 AM 8:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **M94797**

1. Corporation Name  
**ASSET CONTROL SERVICES, INC.**

Principal Place of Business Mailing Address

**11669 Philips Highway  
 Jacksonville, FL 32256**

**REINSTATEMENT 96-97**

*a. alan*  
*6/4/97*

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 **8/18/88**

5. FEI Number **59-2907092** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, D	Robert C. DiBerardino	11669 Philips Highway	Jacksonville, FL 32256
			<del>300002205793-6</del> <del>-06/09/97--01087--022</del> <del>****915.00 ****915.00</del>
			300002205793--6 -06/09/97--01087--022 ****915.00 ****915.00

8. Name and Address of Current Registered Agent

**Robert C. DiBerardino  
 11633 Phillips Highway, Suite 1  
 Jacksonville, FL 32256**

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

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 *Robert C. DiBerardino* Date **6-2-97**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: *Robert C. DiBerardino* **6-2-97** (904) 886-8321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Robert C. DiBerardino** Date Daytime Phone #

CPRE040 (12/96)