

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 20 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000008870**

1. Corporation Name

Aseony n Opportunity Center, Inc.

2. Principal Office Address

3025 S.W. 11 Ct.

Suite, Apt. #, etc.

Ste 2A

City & State

Fort Lauderdale, FL

Zip

33312

Country

U.S.A. Broward

3. Mailing Office Address

P.O. Box 70144

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33307

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10-20-2001

5. FEI Number

01-0552835

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marsha A. Brooks

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

3025 SW 11 Ct.

Suite, Apt. #, Etc.

City

Ft. Lauderdale,

State

FL

Zip Code

33312

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/23/03

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
PD	Marsha A. Brooks	3025 SW 11 Ct. #1A	Ft. Lauderdale, FL 33312
SD	Coleen Henry	1461 NW 70 Way	Plantation, FL 33313
T	Rev A. M. Neal	80 NW 30 Terrace	Ft. Lauderdale, FL 33311
D	Lamondal Jackson	3025 SW 11th Ct #2A	Ft. Lauderdale, FL 33312

10. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/03

Daytime Phone #

954-792-4499

CR2E081 (9/01)

2002

P.O.Box 70144
Fort Lauderdale, Fl. 33307
Feb.26,2003

Florida Dept. Of State
Division Of Corporations
409 East Gaines Street
Tallahassee, Fl. 32399

To Whom It May Concern:

I am writing this letter requesting the reinstatement of our corporations license. We were completely unaware of the procedure. We never received any previous uniform business reports. We have enclosed a check for the proper fees as informed by your office. Thank You for all of your help.

Respectfully Yours,
Ms. Brooks Pres.

