CORPOR REINSTAT	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FLORIDA DEPARTMENT OF Katherine Harris Secretary of State DIVISION OF CORPORATION	F STATE N	ILED Iay 17, 2002 ecretary of S	8:00 A.M State	
DOCUME	.141 11 -	000 9312				
Augus	Froperty S	Pervices, Inc.	:	·		
2. Principal Office Address 3706 N Owen Blue		3. Mailing Office Address	- Common of the	•		
Suite, Apt. #, etc. ## 490		Suite, Apt. #, etc.	4. Date I	4. Date Incorporated or Qualified		
City & State		City & State		To Do Business in Florida SANUMY 24, 2000 5. FEI Number Applied For		
FT. LAucher dab, FC		Zip Same Country &	65	6. Not Applicable		
3 <i>3</i> 3 08	Brownie	7. Name and Address of C	A. CERTIFI		Additional Fee required a Certificate of Status	
City •	Decyfield Be	ve named corporation, am familiar with a		State Zip Code 33 44 2 section 607.0505 or 617.0503, F.S. Date	CRZE081 (9/01)	
9. Names and Street Addresses of Each Officer and/or I		Street	Street Address of Each		City / State / Zip	
Pros Ed	Officers and/or Directors Ruand A. Back		320 E. BougannillenD.		Dearfield Boh. F.C 33442	
VP m	son Ang Vari	37.00 ENT	3700 BAITOCEAN DA THOS		fl 3330f	
Mass Edward A. BAch I		II 200 Mende	IL 260 Mendou STI		Long mendow, MA 01106	
		`.				
this reinstateme owed by the co	ent application, the reason for diss rporation have been paid and the	iver or trustee empowered to execute this olution has been eliminated, the corporate names of individuals listed on this form dignature shall have the same legal effect	te name satisfies the requirer to not qualify for an exemptio	ments of section 607.0401 or 617.040	01, F.S., that all fees	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR