


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

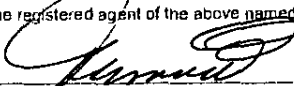
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

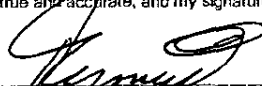
REINSTATEMENT 01-03

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P0000032900 1. Corporation Name <p style="text-align: center;">ASSA INVESTMENTS CORP.</p>			
2. Principal Office Address 3106 W. 72 Terr. Suite, Apt. #, etc.		3. Mailing Office Address 3106 W. 72 Terr. Suite, Apt. #, etc.	
City & State Hialeah, Fl. 33018 Zip Country 33018 USA		City & State Hialeah, Fl. Zip Country 33018 USA	
4. Date Incorporated or Qualified To Do Business in Florida <u>3/30/2000</u>			
5. FEI Number 65-1002282		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent		
Name Teresita Monreal		
Street Address (P.O. Box Number is Not Acceptable) 3106 W. 72 Terr.		
Suite, Apt. #, Etc.		
City Hialeah	State FL	Zip Code 33018

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 	Date <u>3/31/03</u>
REGISTERED AGENT MUST SIGN	

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	Teresita Monreal	3106 W. 72 Terr	Hialeah, Fl. 33018
STD	Alberto Monreal	3106 W. 72 Terr	Hialeah, Fl. 33018
900015291079 04/03/03--01048--010 **1050.00			
900015291079 04/03/03--01048--011 **8.75			

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: 	Teresita Monreal	3/31/03	305-219-2535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (1/02)

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