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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JUL 22 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000058683

1. Corporation Name
A SPECIALTIES AND TEES, INC.

2. Principal Office Address
4797 NW. 72 AVE.

3. Mailing Office Address
4797 NW. 72 AVE.

400006664184--2
-07/25/02--01048--025
****300.00 ****300.00

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. Date Incorporated or Qualified To Do Business in Florida
06/02/2000

5. FEI Number
651024191

Zip
33166.

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33166.

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
FERNANDO JUSTICIA.

Street Address (P.O. Box Number is Not Acceptable)
2550 NW. 72 AVE.

Suite, Apt. #, Etc.
312.

City
MIAMI

State
FL

Zip Code
33122.

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
REGISTERED AGENT MUST SIGN

Date
07/22/02.

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.D.	JOHN SCHMIDT	9894 NORTH KENDALL DR. #209	MIAMI, FL. 33176
V.D.	FERNANDO JUSTICIA.	2550 NW. 72 AVE #312	MIAMI, FL. 33122.

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: FERNANDO JUSTICIA. 07/22/02 (305) 9781789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

B

20fz


Miami, July 22, 2002

Attn. Barbara
Dept. of Corporations.
FLORIDA DEPARTMENT OF STATE

Ref. A Specialties & Tees, Inc.

This is to request that the filling fee of \$600 be waived for our company due to the fact that we never received any notice whatsoever in this regard.

Yours truly,

x 
John R. Schmidt.