

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DFZ

<b>DOCUMENT # P00000072761</b>	
1. Entity Name <b>A.S.E TRANSMISSIONS, INC.</b>	



FILED

04 OCT 25 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>994 BLANDING BLVD ORANGE PARK, FL 32073</b>	Mailing Address <b>994 BLANDING BLVD ORANGE PARK, FL 32073</b>
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2. Principal Place of Business <b>1029 Blanding Blvd #704 Orange Park FL 32065</b>	3. Mailing Address <b>1029 Blanding Blvd #704 Orange Park FL 32068</b>
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6. Name and Address of Current Registered Agent <b>SANCHEZ, AL 994 BLANDING BLVD ORANGE PARK, FL 32073</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>[Signature]</i> Signature (typed or printed name of registered agent and title if applicable)	DATE <b>10-21-04</b> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SANCHEZ, AL 994 BLANDING BLVD ORANGE PARK, FL 32073</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SANCHEZ, AL 1029 Blanding Blvd #704 Orange Park FL 32065</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>10-21-04</b> Date Daytime Phone # <b>(904) 276-9188</b>

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10/21/04  
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To Whom it may concern,

We did not receive the annual form for Renewing our corporation for the year 2004. Please except our \$150.00 at this time. Also please be informed our address has changed to 1029 Blanding Blvd # 704 Orange Park Fla 32065. That may be the reason we didn't receive our Renewal form on time. We printed one off computer.

Thankyou Kindly  
Cindy Sanchez

A.S.E. TRANSMISSIONS  
1029 Blanding Blvd. #704  
Orange Park, FL 32065  
904-276-9188