TOTAL P.02

APPLICATION FOR REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC-13 PM 4:00

DOCUMENT # P00000105542

1. Corporation Name
A SQUARED, INC.

Principal Place of Business	Mailing Address
10820 S.W. 135 TERR.	10820 S.W. 135 Terr
MIAMI, FL 33196	MIAMI, FL 33196

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/09/2000

5. FEI Number: 65-1066701 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $6.25 Additional Fee Required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.D.	ARNALDO J. VALDES	10820 S.W. 135 Terrace	MIAMI, FL 33196
VPSD	ALFREDO J. GARCIA	12904 S.W. 103 CT.	MIAMI, FL 33176

8. Name and Address of Current Registered Agent

Rolando Delgado
2665 South Bayshore Drive
202
MIAMI, FLORIDA 33133

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, do hereby swear and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ Date: 12/13/01
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: _____ 12/13/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Corporate Name

ARNALDO VALDES, PRES.

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DEC-13-2001 11:48 P.02/02

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

CORPORATION REINSTATEMENT

A SQUARED, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$750.00