

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hod  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000029833

1. Corporation Name

ASAM COLONIAL, INC.

Principal Place of Business

Mailing Address

680 EAST STATE ROAD 434  
WINTER SPRINGS FL 32708

680 EAST STATE ROAD 434  
WINTER SPRINGS FL 32708

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

2. New Principal Office Address, If Applicable

4785 N. SEMINOLE AV.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4785 N. SEMINOLE AV.

Suite, Apt. #, etc.

City & State

WINTER PARK FL

City & State

WINTER PARK FL

Zip

32782

Country

Zip

32792

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/23/2001

5. FEI Number

59-3705228

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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 3	City / State / Zip 4
PSTD	MIRZA, AFZAL H	680 EAST STATE ROAD 434	WINTER SPRINGS FL 32708
PSTD	MIRZA, AFZAL H	4785 N. SEMINOLE AV.	WINTER PARK FL 32792

REINSTATEMENT

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-10-03

Daytime Phone #

CR2E040 (7/03)

4785 N. Seminole Ave.  
Winter Park, FL 32792



Phone: (407) 673-2421  
Emerg: (407) 699-4269  
Fax: (407) 673-1669

2052

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
PO BOX 6327  
TALLAHASSEE FL 32314-6327

10<sup>TH</sup> October 2003

Dear Sir or Madam

This is to confirm that we did not receive the uniform business report notices to complete.  
I can only assume they went to the old address.

Yours truly,

Afzal Mirza