PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTAT

FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P01000031872 DOCUMENT #

1. Corporation Name

ASSET & ESTATE MANAGEMENT GROUP, INC.

Principal Place of Business

C/O DONNA CONWAY 3390 GANDY BLVD, #338 ST. PETERSBURG FL 33702 Mailing Address

C/O DONNA CONWAY 3390 GANDY BLVD. #338 ST. PETERSBURG FL 33702 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.				•			
2. New Principal Office Address, If Applicable 3. New Mail 11590 Semulde Blud 1859			ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 03/26/2001		
City & State	e H-3 90 Florida	Suite, Apt. #, etc. TF 1 1 D City & State So. PASA	dea, Florida	5. FEI Number 59 - 37	06378	Applied For Not Applicable	
^{Zip} 3377	8 Country, S, 17	^{Zip} 33707	Country U.S.A.	CERTIFICATE	OF STATUS DESIRED 😿 S	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	(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
D	CONWAY, DONNA	3390 G/	3390 GANDY BLVD. #338		ST. PETERSBURG FL 33702		
				500	00090330 201097006)75	
	-		~	11/15/0	201097006	**158. 75	
8. Name and Address of Current Registered Agent				9 Name and Ad	drace of New Posistores	I Agent	
CONWAY, DONNA 3390 GANDY BOULEVARD SUITE 338 ST. PETERSBURG FL 33702			Name DONNA Street Address (P. 11590 Suite, Apt. #, Etc. Suite City FARGO	Street Address (P.O. Box Number is Not Acceptable) 1/590 Sem (Note Blud Suite, Apt. #, Etc. Suite A-3 City State Zip Code			
10. I, being a Signature of Registered A	gent Down and gent of the above	-1 <i>ć</i>		ligations of Section		05, F.S.	

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.

IEGISTERED AGENT MUST SIGN

11/7/02 727-409

November 7th, 2002

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

To Whom This May Concern,

In view of the fact that we moved home and office residence in the last few months, we must attempt to rectify this situation as I did not receive the required paperwork. I just received this paperwork in the mail yesterday. I would like to request that the reinstatement fees be waived.

My new business address for ASSET & ESTATE MANAGEMENT GROUP, INC. is

11590 Seminole Blvd. Suite A-3 Largo, Florida 33778

I had a name change as I was married on December 29th, 2002 and our new home address is:

Donna J. Lepka 1859 Shore Drive S. #110 South Pasadena, Florida 33707

Please understand that I did not receive paperwork and will from this point have all paperwork in order. I would very much appreciate the waiving of the reinstatement fees. Thank you for your kind consideration regarding this matter.

Sinceffely,

Donna J. Lepka, CEO

ASSET & ESTATE MGMT. GROUP, INC.