

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 18 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100020965831  
06/18/03--01026--009 \*\*300.00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **02-03** **P01000036517**

1. Corporation Name

HUMAN ASSET MANAGEMENT, INC.

2. Principal Office Address

1626 S. CONWAY RD.

Suite, Apt. #, etc.

3. Mailing Office Address

827A EDGEWOOD AVE.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32806

Country

City & State

ATLANTA, GA

Zip

30307

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/06/2001

5. FEI Number

59-3723105

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

RICHARD P. WHEELER, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

2265 LEE ROAD

Suite, Apt. #, Etc.

SUITE 103

City

WINTER PARK

State

FL

Zip Code

32789

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

*Scott Vasatka*

REGISTERED AGENT MUST SIGN

Date *6-10-03*

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
D/P	SCOTT VASATKA	827A EDGEWOOD AVENUE	ATLANTA, GA 30307

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: *Scott Vasatka*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6-10-03*

Date

*404 759 5593*

Daytime Phone #

CP2E081 (10/02)

*7/6/12*

827A Edgewood Ave.  
Atlanta, GA 30307  
June 6, 2003

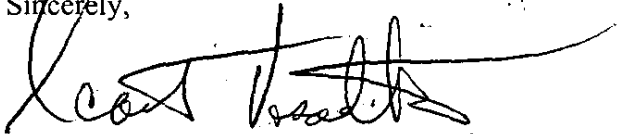
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed is the corporation reinstatement document for Human Asset Management, Inc., along with a check for \$300.00.

I am requesting the \$600.00 reinstatement fee be waived for the reason that I, as acting President of Human Asset Management Inc., never received the Uniform Business Report for the 2002 or 2003 calendar year. The address on record for Human Asset Management Inc. is no longer valid. The corporation relocated to another address in latter part of the year 2000. I appreciate your understanding in this matter. The current address has been included in the reinstatement document.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Vasatka", with a long horizontal flourish extending to the right.

Scott Vasatka, President  
Human Asset Management, Inc.