PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 DEC 10 AM 9:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000053485

1. Corporation Name
ASCO LEASING INC

REINSTATEMENT 03

600025392156
12/10/03--01060--024 **150.00

2. Principal Office Address	3. Mailing Office Address
804 CYPRESS BLVD	SAME
Suite, Apt. #, etc.: 303	Suite, Apt. #, etc.
City & State: POMPANO BEACH FL	City & State
Zip: 33069 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 5/17/01

5. FEI Number: 65-1105743 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ALAN S. COHEN

Street Address (P.O. Box Number is Not Acceptable): 804 CYPRESS BLVD ~~#303~~

Suite, Apt. #, Etc.: # 303

City: POMPANO BEACH | State: FL | Zip Code: 33069

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 12/8/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PRES	ALAN S. COHEN	804 CYPRESS BLVD #303	POMPANO BEACH FL 33069

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: _____ 12/8/03 9546838383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

J

ASCO LEASING INC
804 - CYPRESS BLVD # 303
POMPANO BEACH FL 33069

12/8/03

To whom it is concerned:

I am writing this letter, as per your agents instructions, to notify you that I never received a VSB report for 2003.

I am therefore, as instructed, sending a reinstatement form and my check in the amount of $150.

Thank you

ASCO LEASING

Telephone # 954 683 8783