

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 21 PM 4:11

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000059265

1. Corporation Name

ASTAP, INC.

2. Principal Office Address - No P.O. Box #

14241 SW 92 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

USA

3. Mailing Office Address

14241 SW 92 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/2001

5. FEI Number

65-1113070

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

HARVEY JUDKOWITZ

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

14241 SW 92 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10-20-08

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
PDT	RODRIGUEZ, MARCONI	14241 SW 92 AVE	MIAMI, FL 33176
D	RODRIGUEZ, MARCO	14241 SW 92 AVE	MIAMI, FL 33176
S	YANEZ, CLEMENCIA	14241 SW 92 AVE	MIAMI, FL 33176

600137131556
10/21/08-01025-012 **1050.00

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 contained in Chapter 119, 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:

MARCO RODRIGUEZ

10-16-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #