

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -1 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000065868

1. Corporation Name

ASA Services Corp.

2. Principal Office Address

10305 N.W. 41st Street

Suite, Apt. #, etc.

126

City & State

Miami FL

Zip

33178

Country

3. Mailing Office Address

Same.

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-05

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/01

5. FEI Number

65-1121589

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

Alberto de Rojas Sr.

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

10305 N.W. 41st Street.

Suite, Apt. #, Etc.

Suite # 126

City

Miami

State

FL

Zip Code

33178

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

Date

Jan 27/05

REGISTERED AGENT MUST SIGN

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 | Calderon, Steven | 10305 NW 41 st St. suite #126 | Miami FL 33178 |
| D | DeRojas, Alberto Sr. | 10305 N.W. 41 st St. suite 126 | Miami, FL 33178 |
| D | DeRojas, Albert Jr. | 10305 N.W. 41 st St. suite #126 | Miami FL 33178 |
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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:

Alberto de Rojas Sr. Jan 27/05 - (305) 888 2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)