

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 23 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000075968

1. Corporation Name

AASIM, INC

2. Principal Office Address

13016 COUNTY LINE ROAD

Suite, Apt. #, etc.

City & State

HUDSON FLORIDA

Zip

34667

Country

PASCO

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2001

5. FEI Number

59-3732602

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

DANIEL J. HANLEY

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

7241 DEERFIELD DRIVE

Suite, Apt. #, Etc.

City

PORT RICHEY

State
FL

Zip Code

34668

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

[Signature of Daniel J. Hanley]
REGISTERED AGENT MUST SIGN

Date 10/17/2002

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
PTD	SADIQ S. LAKHANI	7604 NOTRE DAME DRIVE	NEW PORT RICHEY FL 34653
VSD	SAMSHA M. BHIMANI	7604 NOTRE DAME DRIVE	NEW PORT RICHEY FL 34653

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)(f), 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:

[Signature of Sadik S. Lakhani]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SADIQ S. LAKHANI PRES.

10/17/2002

727-237-4604

Date

Daytime Phone #

CR2E081 (9/01)