

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG 25 AM 10:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P - 02000000437

1. Corporation Name

AMERICAN SPIRIT VAN LINES, INC

2. Principal Office Address

704 NW 91st. Terrace

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33324

Country

USA

3. Mailing Office Address

704 NW 91st. Terrace

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33324

Country

USA

600022631546
08/28/03--01025--024 **150.004. Date Incorporated or Qualified
To Do Business in Florida

01/02/2002

5. FEI Number

01-0583370

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ofer Aliasi

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

704 NW 91st Terrace

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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 6/12/03

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	Ofer Aliasi	704 NW 91st. Terrace	Plantation, FL 33324

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:

 OFFER ALIASI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/12/03 (917) 520-8041

Daytime Phone #

p 5/26

AMERICAN SPIRIT VAN LINES, INC

Thursday, June 12, 2003

Department of Sale
Division of Corporations
409-East Gaines ST.
Tallahassee, FL 32399


To Whom It May Concern:

I, Ofer Aliasi, President of American Spirit Van Lines, Inc. was unable to pay my 2003 Profit Corporation Uniform Business Report on time due to the following reasons:

1. I am an inter-state truck driver
2. I was out of the country for 1 month
3. First time I see this type of document - Lack of Knowledge

If you requiered any other information please contact me at (917)520-8041.

Sincerely,



Ofer Aliasi
President
American Spirit Van Lines, Inc.