


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 11 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 02000100935

1. Corporation Name
ASI Displays, Inc.

REINSTATEMENT 0306
05/01/03 90145 044 150.00
CR2E081 (8/05)

2. Principal Office Address 13801 SW 144th Avenue Road		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33186	Country United States	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 51-0427356 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: Michael J. Zimmerman

Street Address (R.O. Box Number is Not Acceptable): 13320 SW 128th Street

Suite, Apt. #, Etc.

City: Miami

State: FL Zip Code: 33186

000062327710
12/21/05--01034--010 *** 10.00

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: *Michael J. Zimmerman* Date: 12/19/2005

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
Pres	Michael Thompson	13801 SW 144th Avenue Road	Miami, Fla. 33186

[Signature]
1/11/06

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: *[Signature]* Date: 12/19/05 305 234-4449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

December 27, 2005



Gary Blankenbaker
Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: ASI Displays, Inc
13801 SW 144th Avenue Road
Miami, Florida 33186
P02000100935
Letter of December 22, 2005

Dear Mr. Blankenbaker:


Thank you for your letter of December 22, 2005. I am at a loss as to why I would Not respond to a letter requesting our Federal Identification number. I always respond to All the letters from the State and/or Federal Governments. I don't believe I received Those letters because I would never intentionally let my Corporation be dissolved.

According to your records I did timely pay the annual fee for 2003 but for some Unknown reason , which I believe was that I did not receive any correspondence from The State since mailing the annual filling fee in 2003.

Please reconsider the reinstating fees and accept the \$450.00 I mailed in December As payment to bring my Corporation current.

Thank you again for your consideration and I will put on my calendar the required Annual filling fee.

Yours truly,


Michael Thompson
President.-