

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 28 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P02000127231

1. Corporation Name

ASAP Realty Services INC

REINSTATEMENT 03

100024218231
10/28/03--01087--003 **150.00

2. Principal Office Address

HOS NE 2nd AVE

3. Mailing Office Address

HOS NE 2nd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale FL

City & State

Hallandale FL

Zip

33009

Country

Broward

Zip

33009

Country

Broward

4. Date incorporated or Qualified
To Do Business in Florida

12/03/02

5. FEI Number

05-0545412

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

Vahnish Morris

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

HOS NE 2nd AVE

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33009

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

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
P	Morris Vahnish	HOS NE 2nd AVE	Hallandale FL 33009

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/03

Daytime Phone #

305 525 3540

CR2E081 (10/02)

ASAP Realty Services, Inc.

405 NE 2nd Avenue
Hallandale, FL 33009
Phone: (954) 455-3939
Fax: (954) 455-3979

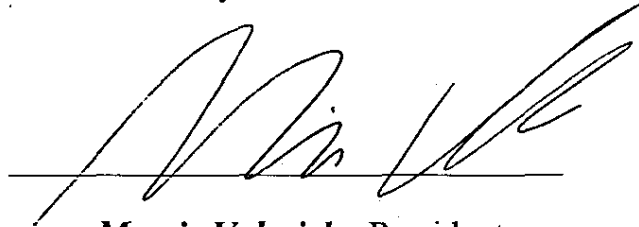
October 27, 2003

TO: Department of State
RE: Annual Report

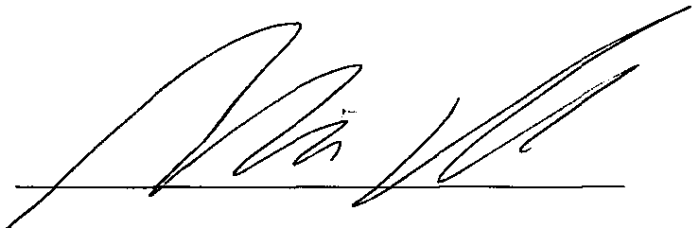
To Whom It May Concern:

This letter is to inform you that I never received the notices for the annual report. If you may have any further questions or concerns, please feel free to contact me at the number above.

Sincerely,

A handwritten signature in black ink, appearing to read 'Morris Vahnish', written over a horizontal line.

Morris Vahnish , President

A handwritten signature in black ink, appearing to read 'Morris Vahnish', written over a horizontal line.

Morris Vahnish , Registered Agent