2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT # P03000037506

Entity Name
 ASA TRUCKING AND LAND CLEARING



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

				ASSET LEAD		05 FEB 21	AM 8: 5	1	
Principal Place of Business Mailing Address									
1297 SW BUCKSKIN TRAIL 1297 SW BUCKSKIN TRAIL			NL .	1	Demic	TATEN		0	1-0:5
STUART, FL. 34997 STUART, FL. 349					<b>BEMAC</b>	) 2 6.3 8 Prea	g profit a	- 	
					1 (118)(418) (11	CZERO NIN DON CON EDIT			
2. Principal Place of Business 3. Mailing Address									
0. % 4-4 #		Suite Ant # etc			4				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			REIN-P	CR2E098	(6/04)	
City & State		City & State		4. FEI Numbe			Ap	plied For	
		1 7			54-0	2100095			t Applicable
Zip Country		Zip		try	5. Certificate	of Status Desired		.75 Add Require	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
				Name					
SAMLAL, RAKESH 1297 SW BUCKSKIN TRAIL				Street Address (P.O. Box Number is Not Acceptable)					
STUART, FL 34997									
				City			FL	Zip Cod	9
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept									
the obligations of registered agent.									
SIGNATURE RAKOM Samual									
Signature, Viced of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FI	LE NOW!!! FEE IS \$900.00			,	.				ŀ
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11									3 151 44
TITLE	PRES OFFICERS AND	Delete	mu	<del></del> -	ADDITIONS/	CHANGES TO OFFI		Change	Addition
NAME	SAMLAL, RAKESH		NAM					Change	·
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the exemption or the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director.									
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
DIONATURE PARAL 10 101									
SIGNATURE: ARKOLA LAULES /-28-05 (772) 370 SIGNATURE AND TYPEDTOR PRINTED NAME OF SIGNATURE OF DIRECTOR Date Date  Onto Date  Date  Onto Despired Promit  Onto Despired Promit									