

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

04 NOV -8 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000056820

1. Corporation Name

AS of Miami Corp

2. Principal Office Address

19230 NW 50th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33055

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied

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

Angelo Silva

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

19230 NW 50th Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33055

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]

REGISTERED AGENT MUST SIGN

Date

11-3-04

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
PD	Angelo Silva	19230 NW 50th Ave	Miami, FL 33055

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-3-04

Daytime Phone #

CR2001 (9/01)

**Brito & Brito Accounting**  
**407 Lincoln Road, Suite 500**  
**Miami Beach, FL 33139**  
**Corporate Accounting and Business Development**  
**Tel: (305) 534-9292/ Fax: (305) 534-7534**  
*britogeorge@aol.com/britoandbrito@aol.com*

November 2, 2004

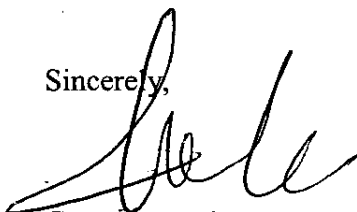
**Division of Corp.**

**Ref: As of Miami Corp.**  
**19230 NW 50<sup>th</sup> Avenue**  
**Miami, FL. 33055**  
**P03000056820**  
**Abatement of Penalties**

Please abate the above taxpayer corp. Annual penalties since he did not receive any of the Annual  
Reports. Co closed please find a check for \$150.00.

Thank you in advanced,

Sincerely,



George L. Brito  
Accountant