

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000064490

1. Entity Name
ASP CAPITAL, INC.



Principal Place of Business
2010 DEWEY STREET
HOLLYWOOD, FL 33020

Mailing Address
3113 S. OCEAN DR., #607
HALLANDALE, FL 33009

2. Principal Place of Business
2500-1 N. STATE RD 7
Suite, Apt. #, etc.

3. Mailing Address
2500-1 N. STATE RD 7
Suite, Apt. #, etc.



02222005 REIN-P CR2E098 (6/04)

City & State
HOLLYWOOD, FL
Zip 33021 Country USA

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HOLLYWOOD, FL
Zip 33021 Country USA

4. FEI Number
16-1671987

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHERKASOV, YURIY
2010 DEWEY STREET
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name
Alex Sorscher

Street Address (P.O. Box Number is Not Acceptable)
2500-1 N. STATE RD 7

City HOLLYWOOD FL Zip Code 33021

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:

(NOTE: Registered Agent signature required when reinstating)

2/22/05

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME KHAYBULLIN, KHALIL ☐ Delete
STREET ADDRESS 3113 S. OCEAN DR., #607
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME KHAYBULLIN, KHALIL
STREET ADDRESS 2500-1 N. STATE RD 7
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME 300047788553
STREET ADDRESS 03/07/05--01018--016 **300.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

REINSTATEMENT 04-05

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05

Date

Daytime Phone #