

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILE

06 MAR 20 11:11:27

DOCUMENT # P0300157739

1. Corporation Name

America's Source Group, Inc.

2. Principal Office Address

195 Wekiva Springs Rd.

3. Mailing Office Address

195 Wekiva Springs Rd.

Suite, Apt. #, etc.

Ste 320

Suite, Apt. #, etc.

Ste 320

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32779

Country

USA

Zip

32779

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified

To Do Business in Florida January 1, 2004

5. FEI Number

20-0817877

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

Nader Hack

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

195 Wekiva Springs Rd.

Suite, Apt. #, Etc.

Ste 320

City

Longwood

State
FL

Zip Code
32779

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 **2/1/2006**

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/CEO	Nader Hack	195 Wekiva Springs Rd., Suite 320	Longwood, FL 32779
EVP/S	Maria Bogeajis	195 Wekiva Springs Rd., Suite 320	Longwood, FL 32779
VP/T	Barbara Correa	195 Wekiva Springs Road, Suite 320	Longwood, FL 32779

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 contained in Chapter 119, 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

2/1/06

Date

(407)869-8002

Daytime Phone #