

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 12 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400135969904

09/16/08--01021--015 **600.00

REINSTATEMENT

CR2E081 (12/07)

05-08
[Signature]

DOCUMENT # P04000036016

1. Corporation Name

ASB CONSULTING INC.

2. Principal Office Address - No P.O. Box #

1990 MAIN STREET

Suite, Apt. #, etc.

SUITE 750

City & State

SARASOTA, FLORIDA

Zip

34236

Country

US

3. Mailing Office Address

1990 MAIN STREET

Suite, Apt. #, etc.

SUITE 750

City & State

SARASOTA, FLORIDA

Zip

34236

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/2004

5. FEI Number

☒ 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

ANDREA SMITH

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

1990 MAIN STREET

Suite, Apt. #, Etc.

SUITE 750

City

SARASOTA

State

FL

Zip Code

34236

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 09/12/2008

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
CEO	ANDREA SMITH	1990 MAIN STREET, SUITE 750	SARASOTA, FL 34236

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/12/2008

Date

Daytime Phone #