

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000050630	
1. Entity Name ASIG FUELING MIAMI, INC.	



07 MAY 23 PM 4:25

STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 201 S ORANGE AVE SUITE 1290 ORLANDO, FL 32801	Mailing Address 201 S ORANGE AVE SUITE 1290 ORLANDO, FL 32801
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



0222200 REINSTATEMENT 06-07

4. FEI Number 20-5146022	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office and registered agent. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Anthony Licausi</i> Signature, typed or printed name of registered agent and title if applicable.	<i>Anthony Licausi</i> Vice President DATE 5-22-07

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Keith P. Ryan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Keith P. Ryan, President 2/22/07 (407) 648-7200 Date Daytime Phone #