

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 18 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000056658

1. Corporation Name

A & S MULTI SERVICES, INC

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

2526 TWILIGHT DR

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32825

Country

ORANGE

3. Mailing Office Address

P.O. BOX 781412

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32878

Country

ORANGE

REINSTATEMENT 02-08

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/2005

5. FEI Number
542172289

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

SPIEGEL & UTRERA, P.A.

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

1840 SW 22ND ST.

Suite, Apt. #, Etc.

4TH FLOOR

City

MIAMI

State

FL

Zip Code

33145

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

REGISTERED AGENT MUST SIGN

Date

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
PTD	SAMUEL L. GARCIA	2526 TWILIGHT DR.	ORLANDO, FL 32825
VSD	ADRIANA P. GARCIA	2526 TWILIGHT DR.	ORLANDO, FL 32825

700136245597
09/23/08--01008--013 **300.00

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:

[Handwritten Signature]

SAMUEL L. GARCIA

09/17/2008

786-326-1303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #