2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000127298 1. Entity Name						ED			
	ASS ML MANAGEMENT, INC	IC.			07 HAR 14 AM 10: 45				
Principal Plac 5736 SW 35		Mailing Address 5736 SW 35 STREET			JECRETARY OF STATE TALLAHASSEE, FLORIDA				
MIAMI, FL 3:	3155	MIAMI, FL 33155			4 PROPERTY OF L	(/ \ \ \			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		RE	03132007	03132007 REIN CR2E098 (1/07)			Not
City & State		City & State			4. FEI Numbe		70	<u> </u>	plied For
Zip Country		Zip Cour		у	5. Certificate	34 <mark>352</mark> of Status Desir	_	\$8.75 Add	
	6. Name and Address of Current Re	distand Agent	<u> </u>		7. Name and			Fee Required	1
				Name					
5736 SW 3	, GRACIELA F 35 STREET		Street Address	eet Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33155								
	M		ſ	City			1	FL Zip Code	9
	named entity submits this statement for the	ne purpose of changing its	registered	d office or registe	ered agent, or bot	h, in the State	of Florida. I	am familiar with,	and accept
7							3/1	3/07	
SIGNATURE.	Sonature, typed or printed name of registered agent and	title if applicable. (NOTI	E: Registered	l Agest signature requ	ired when reinstating)		7 0/	7	
FII	LE NOW!!! FEE IS \$300.00							, 607.193(2)(b), ceive the prior r	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/	CHANGES TO	OFFICERS	AND DIRECTORS	S IN 11
TITLE	Р	☐ Delete	IIILE		· · · · · · · · · · · · · · · · · · ·			☐ Change	Addition
NAME STREET ADORESS	ROMANO, GRACIELA F 5736 SW 35 STREET		name Stree	T ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33155		CITY-	ST-ZIP					
TITLE NAME	<u>, </u>	☐ Delete	TITLE NAME	ľ				☐ Change	Addition
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE NAME		☐ Delete	TITLE Name		oc	00093	3758	□ Change 3170	☐ Addition
STREET ADDRESS				T ADDRESS	03/20.	/07010	1201	3170° 8 **300.1	00
CITY-ST-ZIP		☐ Delete	TITLE	ST-ZIP				☐ Change	☐ Addition
NAME		ے کی محمد	NAME						
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
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TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	(NAME STREE	ET ADDRESS		N Calus	MAD 1	ለ ኃስብፓ	
CITY-ST-ZIP			1	SI-ZIP		K. Eckel	MAK	4 2007	
12. I hereby	certify that the information supplied with the	nis filling does not qualify for	or the exer	mptions containe	ed in Chapter 119	, Florida Statu	tes. I further	certify that the in	or director
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 supplying that 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 of trostee 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 or an attachaged with an address, with all other like empowered.									
CICNAT	TUBE: THATA	•			3/	13/27			
SIGNAT	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER	OR DIRECT	OR .		Desire		Daytime Phone #	
						/			