PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			tate	FILED 10 MAR 15 PM 4: 10			
DOCUMENT # P06000115200 1. Corporation Name								SI	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
ASMAN INC.								REIN	REINSTATEMENT68-16		
2. Principal Office Address - No P.O. Box # 1115 N. Berkley Road				3. Mailing Office Address 15537 Pebble Ridge Street			ge Street	03/15/1001060025 **458.75 cr2E081 (11/09)			
Suite, Apt. #, etc.				Suite, Apt. #, etc. City & State				Date Incorporated or Qualified To Do Business in Florida 2006			
	Auburndale, Florida				Winter Garden, Florida			5. FEI Number Applied For 20-5510164 Not Applicable			
33823		Country USA		^{Zip} 34787		Count USA	*	6. CERTIFICATI		Additional Fee required a Certificate of Status	
7. Name and Address of Current Registered Agent Name Muzammil Nensey Street Address (P.O. Box Number is Not Acceptable) 15537 Pebble Ridge Street Suite, Apt. #, Etc.							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 he weived.				
						State FL	Zip Code 34787	fee be waived.			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN								Date 2/10/10			
9. Names and	d Street Ad	dresses	of Each Officer and	/or Director (Flo	rida nonpro	fit corpo	rations must list at I	east 3 directors)			
Titles	Name of Officers and/or Directors					Street Address of Each Officer and/or Director			City / State / Zip		
Sec N	Muzammil Nensey				15537 Pebble Ridg			ge Street	winter garden	, FL 34787	
PRES S	Shahnaz Nensey				15537 Pebble Ridge			ge Street	Street Winter Garden, FL 34787		
									23	3/1/2	
^{10.} E-mail /	Address	: busy	muzy@usa.net			***************************************				7.4	
(Yo be used for future sensual report notification). 11. 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 filling 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Advisorable Indicated the corporation in the corpora											