



2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000119504 1. Entity Name ASIP MANAGEMENT INC	
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FILED
08 APR 14 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2101 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118 US	Mailing Address 2101 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 850 South Ridgewood Ave. Suite, Apt. #, etc.
City & State DAYTONA BEACH FL.	City & State DAYTONA BEACH FL.
Zip 32114	Country USA



03102008 REINSTATEMENT 07-08 (1/07)

REINSTATEMENT

4. FEI Number **01-087451** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PATEL, SHASHIKANT K 2101 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118	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 or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, SHASHIKANT K 2101 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 000123249680 04/14/08--01031--029 **300.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T PATEL, ANANDKUMAR S 2101 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.5em;"> \$774/14 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X *Stety* X 4/1/08 X 740 503 8383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #