

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

1997 JUL 15 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 907360

1. Corporation Name

ASPRING INC.

Mailing Address

Principal Place of Business

21301 POWERLINE ROAD  
309 (3019)  
BOCA RATON, FLORIDA 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/10/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

98-0071448

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	DELIO LONDONO VELEZ	21301 POWERLINE ROAD 309 (3019)	BOCA RATON, FL 33433
VP/D/ AS	JAIME LONDONO	21301 POWERLINE ROAD 309 (3019)	BOCA RATON, FL 33433
D/S/ T	JUAN CARLOS LONDONO	21301 POWERLINE ROAD 309 (3019)	BOCA RATON, FL 33433
			000002239760--8 -07/16/97--01080--004 ****923.75 ****923.75

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALVARO B. CASTILLO, ESQ.  
1533 SUNSET DRIVE  
SUITE 201  
MIAMI, FLORIDA 33143

Name  
FRED K. LICKSTEIN, ESQ.

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

201 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

SUITE 1200

City

CORAL GABLES

State

FL

Zip Code

33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

7/11/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/11/97

Daytime Phone #

CR20040 (6/94)