

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 15 AM 10:13

DOCUMENT # **P07360**

**1. Corporation Name**

Aspring, Inc.  
3109 Ponce de Leon Boulevard  
Coral Gables, FL 33134

700003493117--3  
-12/11/00--01029--002  
\*\*\*1050.00 \*\*\*1050.00

**2. Principal Office Address**

3109 Ponce de Leon

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 98-00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/84

**5. FEI Number**

98-0071448

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

Jaime Londono

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

3109 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

**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

*Jaime Londono*

REGISTERED AGENT MUST SIGN

Date **10/27/00**

**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
PD	Jaime Londono	3109 Ponce de Leon Blvd.	Coral Gables FL 33134

**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 under section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jaime Londono*

10/27/00 (305) 446-6000

Date

Daytime Phone #