

From : Arvind Patel

PHONE No. : 4076499803

Nov. 12 1998 3:45PM P02

APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

98 DEC 17 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000008397

1. Corporation Name

ASIG, INC.

Principal Place of Business

5825 MAJOR BLVD.  
ORLANDO FL 32819  
US

Mailing Address

5825 MAJOR BLVD.  
ORLANDO FL 32819  
US



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

2. New Principal Office Address, if Applicable

2. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/28/1993

6. FEI Number

59-3167881

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$675 Additional Fee required for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	PATEL, ARVIND <i>delete</i>	4872 CYPRESS WOODS DR., APT 321	ORLANDO FL
CEO	ED BATES <i>Add</i>	3300 Holcomb Bridge rd 290	Norcross, GA 30092

400002722654-3  
-12/24/98-01107-007  
\*\*\*\*150.00 \*\*\*\*150.00

*8/12/21*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: ED BATES  
Street Address (P.O. Box Number is Not Acceptable): 9150 Bay Meadows Rd  
Suite, Apt. #, Etc.:  
City: JACKSONVILLE  
State: FL  
Zip Code: 32256

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506, F.S.

Signature of Registered Agent

*Edward Bates*

REGISTERED AGENT MUST SIGN

Date

11-10-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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 607.0404 or 617.0404, 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)(b), 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:

*Edward Bates*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-10-98 7707988500