PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P93000008852 **DOCUMENT #**

1. Corporation Name

ASSET MINDERS, INC.

Principal Place of Business

Mailing Address

FILED

03 FEB 20 AM 8: 40



6161 NW 34TH WAY FT LAUDERDALE FL 33309		6161 NW 34TH WAY FT LAUDERDALE FL 33309					
If above addresses are incorrect in any way, line through incorrect informa				ter.correction.below===)001189 /03010380	
	ncipal Office Address, If Applicable			, If Applicable	4: Date Incorporated or Qualified To Do Business in Florida		02/04/1993
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. FEI Numbe		Applied For
City & State	Э	City & State			65-0395364 Not Applicable		
Zip	Country	Zip	Cou	intry	6. CERTIFICATI	E OF STATUS DESIRED	S8.75 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)	e(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
PSD	HOLLAND, ROBERT R JR		2550 N FEDERAL HWY SUITE 12		>	FT LAUDERDALE FL 33305	
					701 02/05/(0011890 30108800	0297 8 **150.00
	/ <u></u>			a de la companya de l			-
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
HOLLAND, ROBERT JR 2550 N. FEDERAL HWY				.Name			
			Street Address (P.O. Box Number is Not Acceptable)				
FT LAUDERDALE FL 33305				Suite, Apt#, Etc	<u> </u>		
				FORT Lauderdo			State Zip Code FL 33309
10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.							
Signature of Registered Agent QUE QUE 130 03							
REGISTERED AGENT MUST SIGN							

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 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:

فيكنت نمسره

Robert R. Holland, Jr. CLU, ChFC

6161 N.W. 34th Way
Ft. Lauderdale, Fl. 33309
Phone (954) 969-1323
Fax (954) 974-3880
e-mail: exerbelt1@hotmail.com

Friday, January 31, 2003

Department of State P.O. Box 6327 Tallahassee, Fl. 32314

Dear Sirs/Madam

I was quite surprised when I recently came across the "Dissolution and Revocation" form in my mail. I thought that I had sent in a check in 2002 but after I went back through my checks I found no check made out to you for the \$150 Corp. Fee. I recall changing my address and it is correct on the form you sent me, except for the Registered Agent Address, which I am requesting a change for. My only explanation is that I did not get the Annual Corp. Forms for 2002 or I surely would have sent in the payment in timely manner.

Would you please consider the enclosed check as my payment for 2002. This shouldn't happen again with all addresses being correct. I'm so sorry for the inconvenience.

Sincerely,

Bob.Holland