

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN -4 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300103965489
06/06/07--01003--005 **450.00

CR2E081 (1/07)

DOCUMENT # P93000014313

1. Corporation Name

A.S.G. MANAGEMENT CORP.

REINSTATEMENT 05, 06, 07

2. Principal Office Address - No P.O. Box #

10479 STONEBRIDGE BLVD.

3. Mailing Office Address

10479 STONEBRIDGE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33498

Country

US

Zip

33498

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1993

5. FEI Number

593188997

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

ARLYNE GOLDSTEIN

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

10479 STONEBRIDGE BLVD.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

6-4-07 CM

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

Date 04/23/2007

REGISTERED AGENT MUST SIGN

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
P	ARLYNE GOLDSTEIN	10479 STONEBRIDGE BLVD.	BOCA RATON, FL 33498
V	SHELDON S. GOLDSTEIN	10479 STONEBRIDGE BLVD.	BOCA RATON, FL 33498
T	JEFFREY GOLDSTEIN	4 EXECUTIVE BLVD., SUITE 100	SUFFERN, NY 10901
S	JEANETTE CICCONE	4 EXECUTIVE BLVD., SUITE 200	SUFFERN, NY 10901

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 contained in Chapter 119, 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

04/23/2007

Date

845-369-8851

Daytime Phone #