


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUN 11 AM 8:14

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000059276

1. Corporation Name
1st Asset Management, Inc.

2. Principal Office Address - No P.O. Box # 6505 NW 39 Terrace		3. Mailing Office Address 6505 NW 39 Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33496	Country USA	Zip 33496	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **08/24/1993**

5. FEI Number **65-0433270**

Applied For	
Not Applicable	

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01-07
CR2E081 (1/07)

7. Name and Address of Current Registered Agent

Name
David B. Dickenson, Esquire

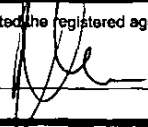
Street Address (P.O. Box Number is Not Acceptable)
Dickenson Murphy Rex and Sloan

Suite, Apt. #, Etc.
980 North Federal Highway Suite 410

City **Boca Raton** State **FL** Zip Code **33432**

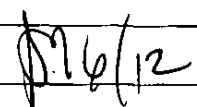
The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **June 6th, 2007**

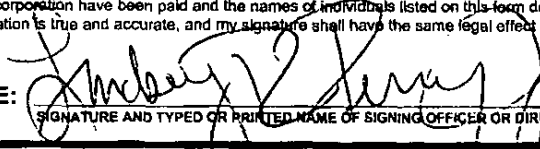
REGISTERED AGENT MUST SIGN

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
DPST	Lindsey R. Perry, Jr.	6505 NW 39 Terrace	Boca Raton, FL 33496
			

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05/11/07--01049--012 **1050.00

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

Lindsey R. Perry, Jr. Date **May 31, 2007** (581) 812-0749 Daytime Phone #