

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 18 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000068451**

1. Corporation Name

ASC INDUSTRIES, INC.

Principal Place of Business

Mailing Address

2749 NORTHWEST 82 AVE.
MIAMI FL 33122

2749 NORTHWEST 82 AVE.
MIAMI FL 33122

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/08/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0604871

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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
XXX PD	BOND, ALAN H	2749 NORTHWEST 82 AVE.	MIAMI FL 33122
XXX	BOND, ALAN H	2749 NORTHWEST 82 AVE.	MIAMI FL 33122
XXX STD	BOND, ROSARIO	2749 NORTHWEST 82 AVE.	MIAMI FL 33122
			800002010978--3 -11/21/96--01033--019 ***383.75 ***363.75
			<i>JBH-19-96</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~XXX GEORGE J~~
~~XXX LOTT & LEVINE~~
~~XXX 9130 SO. DADELAND BLVD. SUITE 1701~~
~~XXX MIAMI FL 33156~~

Name
GEORGE J. LOTT c/o LOTT & LEVINE
Street Address (P.O. Box Number is Not Applicable)
9130 So. Dadeland Blvd. Suite 1701
Suite, Apt. #, Etc.
Ivo Datlan Center
Miami State **FL** Zip **33156**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
SIGNATURE REQUIRED
(REGISTERED AGENT MUST SIGN)

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 607.0401 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alan H. Bond, President

11/7/96

Date

Daytime Phone #

305-599-9123

CREATING (7/95)