PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED
AND
FILED

1997 DEC -5 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000088663**

1. Corporation Name

ASSET RESOURCE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
39967 EMERALD COAST PARKWAY DESTIN FL 32541	P.O. BOX 5708 DESTIN FL 32540

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/20/1995

5. FEI Number: 59-3345333 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	~~SHARP~~, JAMES A (Last Name Mis-spelled) SHARPE, JAMES A.	4233 MARYSA DR.	NICEVILLE FL 32578
P	~~SHARP~~, ANNE A (Last Name Mis-spelled) SHARPE, ANNE A.	4233 MARYSA DR.	NICEVILLE FL 32578
S	CARR, SHANNON	~~4233 MARYSA DR.~~ (New Address) 736 St. THOMAS COVE	~~NICEVILLE FL 32578~~ NICEVILLE, FL 32578

REINSTATEMENT 97 12/5/97

000002888888
-12/11/97--01008--012
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~HALL, STEVE~~ ~~1234 AIRPORT RD. SUITE 106~~ ~~DESTIN FL 32541~~ 3 New Address	Name Street Address (P.O. Box Number is Not Acceptable): 36468 EMERALD COAST PARKWAY Suite, Apt. #, Etc.: 2201 City: DESTIN State: FL Zip Code: 32541

CR2E040 (8/97)

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 _____ Date OCTOBER 31, 1997

REGISTERED AGENT MUST SIGN

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 607.0401 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: _____ JAMES A. SHARPE - PRESIDENT 10/31/97 (850)654-4550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #