

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northrup
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV -2 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96 000012679**

1. Corporation Name

ASA CHROME, INC.

Principal Place of Business

Mailing Address

14629 SW 104 St. Suite 321 / some
Miami, Florida 33186

14629 SW 104 St. Suite 321

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

2. New Principal Office Address, If Applicable
14629 SW 104 ST Suite 321

3. New Mailing Office Address, If Applicable
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

Zip
33186

Country
USA

Zip

Country

REINSTATEMENT 01-98

4. Date Incorporated or Qualified
To Do Business in Florida

020996

5. FEI Number

65-064 0120

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)

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
PO	Carlos Torres	PO ASA CHROME, INC. 14629 SW 104 ST Suite 321	Miami, Florida 33186
VSD	Hugo Cuevas-Mohr	16135 SW 109th street	Miami, Florida 33196
TD	Roberto Pacheco	PO ASA CHROME, INC. 14629 SW 104 ST # 321	Miami, Florida 33186

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******908.75 ****908.75**

11-3-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Hugo Cuevas-Mohr

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

16135 SW 109th street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

100598

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)(f), 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

100598

Date

(305) 380-7105

Daytime Phone #

CR2000 (1/98)