


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/12

**CORPORATION REINSTATEMENT**  
  
**FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**  
 02 OCT 15 PM 1:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** 191000033994  
**1. Corporation Name**  
 A+S UNLIMITED INC

**2. Principal Office Address**  
 16375 NE 18th Ave  
 Suite, Apt. #, etc. 304  
 City & State: N. MIAMI BEACH, FL

**3. Mailing Office Address**  
 PO Box 3244  
 Suite, Apt. #, etc.  
 City & State: Boynton Beach, FL

**Zip** 33162 **Country** USA

**4. Date Incorporated or Qualified To Do Business in Florida**

**5. FEI Number** 65-0752953  
 Applied For:  Not Applicable:

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

OZ UBR JMM

**7. Name and Address of Current Registered Agent**

**Name** ARTHUR E SEBAR  
**Street Address (P.O. Box Number is Not Acceptable)** 16375 NE 18th Ave  
**Suite, Apt. #, Etc.** 304  
**City** North Miami Beach  
**State** FL **Zip Code** 33162

**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** *Arthur E Sebar* **Date** 10/11/02  
 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	SINCE KATZ	16375 NE 18th Ave SUITE 304	NORTH MIAMI BEACH FL 33162
V.P	ARTHUR SEBAR	16375 NE 18th Ave SUITE 304	NORTH MIAMI BEACH, FL 33162

**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 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:** *Arthur E Sebar* **Vice President** **Date** 10/11/02 **Daytime Phone #** 561-433-2884

ARTHUR E SEBAR Vice President

CR2E081 (8/01)

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**A&S UNLIMITED INC**  
**16375 NORTHEAST 18TH AVE**  
**SUITE 306**  
**NORTH MIAMI BEACH , FLORIDA 33162**  
**305 - 940-9101**  
**561-434-1732 (FAX)**

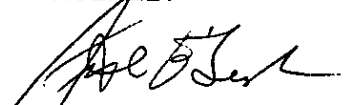
OCTOBER 11, 2002

UNIFORM BUSINESS REPORT FILINGS  
DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN;

ENCLOSED IS OUR CORPORATE REINSTATEMENT FORM ALONG WITH THE FILING FEE OF \$150.00. WE NEVER RECIEVED THE RENEWAL NOTICES. THANK YOU IN ADVANCE FOR OUR PROMPT REINSTATEMENT.

SINCERELY

  
ARTHUR E. SEGAL  
VICE PRESIDENT