

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -3 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000090685

1. Corporation Name

ASLAN CONSULTING, INC.

2. Principal Office Address

4974 GARDEN DRIVE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

Country

33445

USA

3. Mailing Office Address

4974 GARDEN DRIVE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

Country

33445

U.S.A.

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/97

5. FEI Number

650788597

SP

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ERIK S. LAZO

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

4974 GARDEN DRIVE

Suite, Apt. #, Etc.

City

DELRAY BEACH, FL

State

FL

Zip Code

33445

200004275562-7
-05/22/01--01023--015
***1050.00 ***1050.00

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

REGISTERED AGENT MUST SIGN

Date 4/16/01

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/T/ S/V	ERIK S. LAZO	4974 GARDEN DRIVE	DELRAY BEACH, FL 33445

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIK S. LAZO

Date

4/16/01

Daytime Phone #

561-213-0956