

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000009700

1. Corporation Name

ASIA AMERICAN CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

~~6757 16TH TERRACE NORTH, #387~~  
~~ST. PETERSBURG FL 33710~~

~~6757 16TH TERRACE NORTH, #387~~  
~~ST. PETERSBURG FL 33710~~

6798 CROSSWINDS DRIVE N.  
SUITE # C-201  
ST. PETERSBURG, FL 33710

P.O. BOX # 48594  
ST. PETERSBURG, FL 33743

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

6798 CROSSWINDS DR. N., #C201  
SUITE, Apt. #, etc.  
ST. PETERSBURG, FL

P.O. BOX # 48594  
SUITE, Apt. #, etc.  
ST. PETERSBURG, FL

City & State

City & State

Zip 33710 Country PINELLAS

Zip 33743 Country PINELLAS

4. Date Incorporated or Qualified To Do Business In Florida

02/01/1998

5. FEI Number

59-3495235

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES

\$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	4. City / State / Zip
PCEO	HEMANI, SULAMAN A	6757 16TH TERRACE NORTH, #387	ST. PETERSBURG FL 33710
VCOO	HEMANI, SULAMAN B	6757 16TH TERRACE NORTH, #387	ST. PETERSBURG FL 33710

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-10/27/99--01085--016  
\*\*\*\*\*758.75 \*\*\*\*\*TS8.75

REINSTATEMENT 99 11 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HEMANI, SULAMAN A  
6757 16TH TERRACE NORTH, #387  
ST. PETERSBURG FL 33710

Name N/A

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

Suite, Apt. #, Etc.

City

State FL

Zip Code

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

*Sulaman*

REQUIRED

Date 10/14/99

REGISTERED AGENT MUST SIGN

11. 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:

*Sulaman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/99

727-384-6075  
Date Daytime Phone #