


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 SEP -7 PM 1:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P98000030715					
1. Corporation Name A.A. ANTI-SOIL, INC.					
2. Principal Office Address 6131 S.W. 93 AVE MIAMI, FLA 33173		3. Mailing Office Address 6131 S.W. 93 AVE MIAMI, FLA 33173		REINSTATEMENT 00-01	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 04/01/1998	
City & State		City & State		5. FEI Number 65-086-1652	
Zip	Country	Zip	Country	Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name MICHAEL NOYO			800004596848-6		
Street Address (P.O. Box Number is Not Acceptable) 9201 SW 76 TERR			-09/18/01--01036-082		
Suite, Apt. #, Etc.			****900.00 ****900.00		
City MIAMI			State FL	Zip Code 33173	
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			Date 9/4/01		
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	AVEDON, Arnold	6131 S.W. 93 AVE		MIAMI FLA 33173	
				LS	
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: ARNOLD Avedon Arnold Avedon 9/4/01					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					