PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



P99000030582

1. Corporation Name

A & S PROCESSING, INC.

Principal Place of Business

Mailing Address



01 NOV -1 PM 3: 05

10/26/61 386-295-3711

671 BEVILLE RD DAYTONA BEACH FL 32119		671 BEVILLE RD DAYTONA BEACH FL 32119							
	ddresses are incorrect in any way, line thro								
444 SEABREEZE BIVD 444			ng Office Address, If Applicable SEA BREFTE BUD etc.			4. Date Incorporated or Qualified To Do Business in Florida 04/02/1999			
STE 615 STE				615			59-3568873	Applied For Not Applicable	
321	18 VOLUSIA	3211	<u> </u>	Country	USIA	6. CERTIFICATE	OF STATUS DESIRED . \$8.7	75 Additional Fee required or a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	Name of Officers and/or Directors		3		et Address of Each er and/or Director		City / Sta	ate / Zip	
D	SWIATLOWSKI, RICHARD S	6213 RAINIER CIRCLE				PORT ORANGE FL 32127			
·						20	00046987 -11/29/0101(****150.00	127 063011 ****150.00	
•									
	0. No.								
	8. Name and Address of Current R	egistered Age	<u>nt</u>		Name	9. Name and A	Address of New Registered A	gent	
SWIATLOWSKI, RICHARD S 6213 RAINIER CIRCLE						.O. Box Number is Not Acceptable)			
PORT ORANGE FL 32127			Suite, Apt. #, Etc.						
				City			State FL	Zip Code	
10. I, being Signature of Registered		e named corpo	7 [28.5]	270 m	and accept the ot	oligations of Section	on 607.0505, F.S. Date/0/26	Ja	
11. I certify	that I am an officer or director or the receive	er or trustee em	powered to	execute th	is application as p	rovided for in char	pter 607 or 617, F.S. I further o	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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A & S Processing, Inc.

444 Seabreeze Blvd. #615 Daytona Bch., FL 32118 386-295-3711

Oct. 25, 2001

FLOIRDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Dear Sir,

There seems to have been an oversight in not filing our 2001 annual report/uniform business report. I believe the error was due to our relocating twice in 2001, once in March and then again in June therefore our forms have not been reaching us.

Also, we changed bookkeepers in that time frame thus causing the problem. Please except our apology in this matter. I am available during regular business hours at the number above.

Please note the change in address above for future mailings.

Sincerely,

R. Swiatlowski,

A & S Processing, Inc.