

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine A. ...  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 OCT -1 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P99000030639*

1. Corporation Name

*ASB Services, Inc.*

2. Principal Office Address

*100 Almeria Ave.*

Suite, Apt. #, etc.

*Suite 230*

City & State

*Coral Gables, FL*

Zip

*33134*

Country

*USA*

3. Mailing Office Address

*100 Almeria Ave*

Suite, Apt. #, etc.

*Suite 230*

City & State

*Coral Gables, FL*

Zip

*33134*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*4/02/99*

5. FEI Number

*65-0908720*

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

*BARTON R. BUDMAN*

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

*100 Almeria Ave.*

Suite, Apt. #, Etc.

*Suite 230*

City

*Coral Gables*

000004625740--8

10/09/01-01012-004

\*\*\*\*300.00 \*\*\*\*00.00

State

*FL*

Zip Code

*33134*

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

*9/28/01*

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
<i>P/H</i>	<i>Barton R. Budman</i>	<i>100 Almeria Ave. Ste 210</i>	<i>Coral Gables, FL 33134</i>
<i>V/S</i>	<i>Sharon A. Budman</i>	<i>100 Almeria Ave. Ste 210</i>	<i>Coral Gables, FL 33134</i>
			<i>LS</i>

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

Date

*9/28*

Daytime Phone #

*305-529-0345*

**ASB Services, Inc.**

100 Almeria Ave.  
Suite 230  
Coral Gables, FL 33134  
P 305-529-0345  
F 305-529-5401

208

September 28, 2001

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Dear Sir or Madam:

Please find enclosed our application for reinstatement and a check in the amount of \$300. The original forms were never received at our offices. Upon calling the Division, it appears that there was recorded an erroneous address for our Corporation. The Division had instructed us to complete the enclosed form with our correct address and submit a check for \$300.

Sincerely,



Barton R. Budman  
President