

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000030639**

1. Corporation Name

**ASB SERVICES, INC.**

Principal Place of Business

Mailing Address

100 ALMERIA AVENUE  
STE. 230  
CORAL GABLES FL 33134

100 ALMERIA AVENUE  
STE. 230  
CORAL GABLES FL 33134

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 03

4. Date Incorporated or Qualified To Do Business in Florida

04/02/1999

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. 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
PT	BUDMAN, BARTON R	100 ALMERIA AVENUE, STE. 210	CORAL GABLES FL 33134
VS	BUDMAN, SHARON A	100 ALMERIA AVENUE, STE. 210	CORAL GABLES FL 33134

700024340937  
10/31/03--01088--008 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUDMAN, BARTON R  
100 ALMERIA AVENUE  
STE. 230  
CORAL GABLES FL 33134

Name

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE

Date

10/29/03

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:

Barton R. Budman, Pres. Ltd.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03

Date

305-216-2870

Daytime Phone #

CR2E040 (7/03)



GARCIA, ESPINOSA, MIYARES  
AND COMPANY, LLP

October 28, 2003

Florida Department of State  
Division of Corporations  
Tallahassee, FL 32314-6327

Dear Sir/Madame:

We never received any UBR notices prior to the "Notice of Administrative Dissolution or Revocation" at our business/ mailing address. Based on the above, we respectfully request that the reinstatement fee be waived. Please find enclosed our application for reinstatement and a check for \$150.00.

Sincerely,

Barton R. Budman  
President  
ASB Services, Inc.

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

100 ALMERIA AVENUE, SUITE 230, CORAL GABLES, FL 33134  
T 305.529.0345 | F 305.529.5401

2999 N.E. 191<sup>ST</sup> STREET, FIFTH FLOOR, AVENTURA, FL 33180  
T 305.529.5442 | F 305.675.7652  
[www.gemco-cpa.com](http://www.gemco-cpa.com)