

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

1002
FILED
Jul 22, 2002 8:00 A.M.
Secretary of State

DOCUMENT # P99000033240

1. Corporation Name

ASSC Corp.

2. Principal Office Address

14930 N.W. 10 Place

Suite, Apt. #, etc.

City & State

Miami, Fl.

Zip

33168

Country

Dade

3. Mailing Office Address

P. O. Box 600932

Suite, Apt. #, etc.

City & State

North Miami Beach, Fl.

Zip

33160

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

4/12/99

5. FEI Number

65-0920262

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

Donald McGee

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

14930 N. W. 10 Place

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33168

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

Donald McGee

Date July 15, 2002

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	Donald McGee	14930 N.W. 10 Place	Miami, Fl. 33168

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.

Donald McGee
SIGNATURE: Donald McGee, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02 (954) 868-1634

Date

Daytime Phone #

CR2E081 (9/99)

272

14930 N.W. 10 Place
Miami, Fl. 33168
July 15, 2002

TO WHOM IT MAY CONCERN:

I did not receive the 2000 Annual Report form on ASSC Corp. I therefore am enclosing my check for \$458.75 to cover the cost of reinstatement of this corporation.

Sincerely,

ASSC Corp.



Donald McGee
President

/am
encl.