

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P99000037144</u>			
1. Corporation Name <u>AMERICAN SERVICES OF MARKETING CORP.</u>			
2. Principal Office Address <u>18285 N.W. 21 ST.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>18285 N.W. 21 ST.</u> Suite, Apt. #, etc.	
City & State <u>Pembroke Pines</u>		City & State <u>Florida</u>	
Zip <u>33029</u>	Country <u>USA</u>	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <u>05-24-99</u>		5. FEI Number <u>65-0917278</u>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <u>ORLANDO MOTA</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>18285 N.W. 21 ST.</u>			
Suite, Apt. #, Etc.			
City <u>Pembroke Pines</u>		State <u>FL</u>	Zip Code <u>33029</u>
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 <u>[Signature]</u>		Date <u>08-21-01</u>	
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
<u>PTD</u>	<u>Orlando Mota</u>	<u>18285 N.W. 21 ST.</u>	<u>Pembroke Pines FL 33029</u>
<u>VP&SD</u>	<u>Esneda Ramirez</u>	<u>18285 N.W. 21 ST.</u>	<u>Pembroke Pines FL 33029</u>
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: <u>[Signature]</u>		Date <u>08-21-01</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E081 (9/00)

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Orlando Mota
18285 NW 21 Street
Pembroke Pines, FL 33029
August 20, 2001

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir (Madam):

The purpose of this letter is to bring to your attention the fact that I have never received correspondence including annual report forms since my corporation American Services of Marketing was filed on 4-23-99.

I moved my registered address from 1335 W 49 Place Suite 301, Hialeah, FL 33012 on 7-1-99 and I notified the postal service of my new mailing address of 18285 NW 21 Street, Pembroke Pines, FL 33029.

Since this is my first Florida corporation I was not aware of the annual report to file every year with the Department of State. That is the reason why I did not contact you worried for the missing form.

I am including along with this letter a check for \$300.00 to cover the regular payment for years 2000 and 2001 and I respectfully request from you to waive the penalty and reinstatement fee.

If you need further information, please do not hesitate to contact me.

Very truly yours,


Orlando Mota