PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	J€ re a	e Harri	B	FILED 01 AUG 24 AM 10: 36	•
OOCUMENT#P99000 Corporation Name ASRMOTORS INC				SECRETARY OF STATE TALEAHASSEE, FLORIDA	
	and the second s			500004573465- -09/06/01011201	- 9
Principal Office Address	3. Mailing Office Address ミスタルビ		* 14 17	*****300.00 *****300	.00
ite, Apt. #, etc.	Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida	
ty & State	City & State	·		5. FEI Number Applied Not App	
2807 Orguge	Zip	Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee for a Certificate of S	
	7. Name and	Address of Curr	ent Register	red Agent	_
Name GLEN A Street Address (P.O. Box Number is N 2 1 0 0 B COR Suite, Apt. #, Etc.				5-ARARISL81	

ORCANDO	FL 32807
8. I, being appointed the registered agent of the above named corporation, am familiar with and a	accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent X	Date 7/9/01
REGISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations m	nust fist at least 3 directors)

Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 679-3919 407 678 8606

Date

Daytime Phone #

(00)07 F80100

- please Do Not Detach-Deen Sin Menden. 0 Pl 32807 my Docum 1999000070930. The near pay my corporation is that last year I was not doing s and this year I was