

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
John Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1062

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000080092

1. Corporation Name

ASA INVESTMENTS GROUP, CORP.

Principal Place of Business

Mailing Address

5720 NW 100 CT.  
MIAMI FL 33178

5720 NW 100 CT.  
MIAMI FL 33178



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 8506 NW 61 ST Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 8506 NW 61 ST Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 09/09/1999	
City & State MIAMI FL		City & State MIAMI, FL		5. FEI Number 65-0994684	
Zip 33166		Country DADE		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	FUENTES, GUSTAVO	5720 NW 100 CT.	MIAMI FL 33178
VD	DE CASSAN, FRED	5720 NW 100 CT.	MIAMI FL 33178
SD	ANEZ, JORGE	5720 NW 100 CT.	MIAMI FL 33178
TD	GARCIA, RAFAEL	5720 NW 100 CT.	MIAMI FL 33178
			700003459947-5 -11/09/00-01125-022 ***158.75 ***158.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FUENTES, GUSTAVO 5720 NW 100 CT. MIAMI FL 33178	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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.

Signature of Registered Agent SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN Date 10/31/00

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: x SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 10/31/00 Daytime Phone # 305-716-0927

CR2E040 (8/00)

# A.S.A. Invest. Group

8506 NW 61 Street Miami, Florida 33166  
Ph: 305-592-09 44 Fax: 305-592-2954/603-806-7772

Miami October 31, 2000

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

Dear Ms. Leslie:

Due to our move to a new office we did not receive all our mail. Please reconsider our situation. A check for \$150.00 plus a signed reinstatement form is herewith enclosed.

Thank you in advance for your consideration.

Gustavo E. Fuentes  
President  
ASA Investment Group, Corp.  
8506 N.W. 61th St.  
Miami, Fl 33166  
305-716-0927