


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P990000 90287**

1. Corporation Name  
**Asset Ability Inc**

2. Principal Office Address <b>2019 NE 4th Court</b>		3. Mailing Office Address <b>1520 SE 11th St</b>	
Suite, Apt. #, etc. <b>#11</b>		Suite, Apt. #, etc.	
City & State <b>Deerfield Beach FL</b>		City & State <b>Deerfield Beach FL</b>	
Zip <b>33441</b>	Country <b>USA</b>	Zip <b>33441</b>	Country <b>USA</b>

**FILED**

05 MAY 13 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida <b>1999</b>	
5. FEI Number <b>65-0962064</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name **Kelly J. Mistretta**

Street Address (P.O. Box Number is Not Acceptable)  
**1520 SE 11th St**

Suite, Apt. #, Etc.

City **Deerfield Beach**

State **FL** Zip Code **33441**

**REINSTATEMENT 02 05**

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06/06/05--01008--010 \*\*1201.00

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 **Kelly J. Mistretta** Date **5/12/05**

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
T- Pres	Kelly J. Mistretta	1520 SE 11th St	Deerfield Beach FL 33441
VP	Shirley R. Volk	1500 Suente Court #208	Palm Beach Gardens FL 33410
D	Kelly L. Volk	305 Derby St	Peekin IL 61554 33410

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: **Kelly J. Mistretta** Date **5/12/05** Daytime Phone # **954 421-9088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)