

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -3 AM 10:12

DOCUMENT # P99000096530

1. Corporation Name

A.S.A. Technologies, Inc.

2. Principal Office Address

8228 NW 68th St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33166

Country

USA

3. Mailing Office Address

8228 NW 68th St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/2/99

5. FEI Number

65-0976815

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

Maria Consuelo Velez

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

8228 NW 68th St.

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33166

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

E./l./l./z.

REGISTERED AGENT MUST SIGN

Date

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
PD	Jimenez, Katherine	8228 NW 68th St.	Miami, FL 33166
PPD	Velez, Maria C.	8228 NW 68th St.	Miami, FL 33166

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/01 305-639-9898.

Date

Daytime Phone #

CR2E081 (9/00)

A.S.A. Technologies, Inc.
8228 NW 68 Street
Miami, FL 33166

March 30, 2001

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


Re: Corporation Reinstatement Document #P99000096530

Dear Sirs:

We incorporated in November 2, 1999 and the year 2000 was our first reinstatement period. It appears that because our company had moved to a different address than the one listed on our corporate filings we never received the annual report for 2000 and therefore we did not pay the annual fee. This resulted in our company being administratively dissolved on September 22, 2000.

Enclosed is a duly completed corporation reinstatement form for our company and a check for \$300 for the 2000 and 2001 annual filing fees.

We hereby respectfully request that you waive the \$600.00 reinstatement fee due to the circumstances explained herein.


Katherine Jimenez