| DI EASE DEAD | ALL INSTRUCTIO | NO DEFODE A | COMPLETING THIS FORM | |
|---|---|--|---|---|
| APPLICATION FOR REINSTATEMENT | FLORIDA DEPART Sandra B. Secretary DIVISION OF CO | MENT OF STATE Mortham of State | | |
| DOCUMENT # SO 1853 | | | FILED | |
| 1. Corporation Name A.S.A.P. Promotions, Inc. | | | 99 FEB -3 AM II: 33 | |
| . W98-28600 | | | SECKLIANY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business Mailing Address | | | - 1 | |
| 1940 Bay Dri Miami Beach, F (305) 944-2545 • (30 If above addresses are incorrect in any way, line th | L 33141 05) 944-2575 | enter correction below. | | 97-98 |
| 2. New Principal Office Address, If Applicable | New Mailing Office Addre | | Date Incorporated or Qualified To Do Business in Florida | 01.00 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5 FEI Number | 1-01-90 Applied For |
| City & State | City & State | | 65-02-18471 | Not Applicable |
| Zip Country | Zip | ountry | | 75 Additional Fee required for a Certificate of Status |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonpr Name of Officers and/or Directors 3 (| | rporations must list at lea Street Address of Each Officer and/or Director DT Use Post Office Box N | Ch./St | ate / Zip |
| | | | 700002770 -02/10/99 | 01005001 |
| 8. Name and Address of Current | Registered Agent | Name | 9. Name and Address of New Registered | agent |
| 10. I, being appointed the registered agent of the abe | ove nangled corporation, am familio | 209 0 4 Suite, Apt #, Etc. City PUON | ' ひだり FI | Zip Code 33/80 |
| Signature of Registered Agent / Olly / Office / Date 2-/- 99 REGISTATED AGENT MUST SIGN | | | | |
| This corporation owes or ha Intangible Personal Propert | as paid the current y y tax due June 30. | year Yes 🗹 | | e for information gible tax.) |
| 12. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso owed by the corporation have been paid and the ron this application is true and accurate, and my signal. | dution has been eliminated, the ci names of individuals listed on this | orporate name satisfies to form do not qualify for a | he requirements of section 607,0401 or 617,04 in exemption under section 119,07(3)(i), F.S. Ti | 01 FC 4604 AU 4 |
| SIGNATURE: (LOLING ON ME) | NTED NAME OF SIGNING OFFICER | OA DIRECTOR | 12-12-48 (30s) | 0, 49 - 25 45 Intime Phone # |