

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

07 NOV 14 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # s22081

1. Corporation Name

A&S INDUSTRIES, INC.

11-14-07

LD

800112300288
11/14/07-01047-007 **2526.25
REINSTATEMENT 92-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
7508 W. TREASURE DR.

3. Mailing Office Address
7508 W. TREASURE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
N. BAY VILLAGE, FL

City & State
N. BAY VILLAGE, FL

Zip
33141

Country
DADE

Zip
33141

Country
DADE

4. Date Incorporated or Qualified To Do Business in Florida 01/02/1991

5. FEI Number 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
ARMAND ABECASSIS

Street Address (P.O. Box Number is Not Acceptable)
7508 W. TREASURE DR.

Suite, Apt. #, Etc.

City
N. BAY VILLAGE, FL

State Zip Code
FL 33141

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

11/09/07

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
P	ARMAND ABECASSIS	7508 W. TREASURE DR.	N. BAY VILLAGE, FL 33141

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 contained in Chapter 119, 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

11/09/07

305-332-1177

Date

Daytime Phone #