2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 06, 2004
Secretary of State

DOCUMENT# S81414

Entity Name: ASSET CONSTRUCTION, INC.

Current Principal Place of Business:

1501 SW LEJEUNE RD
CORAL GABLES, FL 33134

New Principal Place of Business:

3014 W. PALMIRA AVE.
#300
TAMPA, FL 33629

Current Mailing Address:

1501 SW LEJEUNE RD
CORAL GABLES, FL 33134

New Mailing Address:

3014 W. PALMIRA AVE.
#300
TAMPA, FL 33629

FEI Number: 65-0287508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORMAN, TERRY J
1501 SW LEJEUNE RD
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ROBINSON, WILLIAM R
3014 W. PALMIRA AVE.
#300
TAMPA, FL 33629 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM ROBINSON 12/06/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: ROBINSON, WILLIAM R, JR
Address: 1501 SW LEJEUNE RD
City-St-Zip: CORAL GABLES, FL

Title: T (X) Delete
Name: FORMAN, TERRY J,
Address: 1501 SW LEJEUNE RD
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: ROBINSON, WILLAIM R PRES.
Address: 3014 W. PALMIRA AVE. #300
City-St-Zip: TAMPA, FL 33629

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ROBINSON DP 12/06/2004
Electronic Signature of Signing Officer or Director Date