PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

S81414

1. Corporation Name

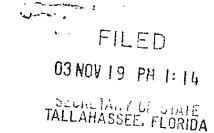
ASSET CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

1501 SW LEJEUNE RD

1501 SW LEJEUNE RD



CORAL GADLES FL 33734			CORAL CADLES FE 33134				I (MENIDER (MT IMIM) tifert biffet treit bibt, bibt, britte wente minte minte ninte inner			
If above a	ddresses are	incorrect in any way, line thro	ough incorrect in	nformation and	d enter	correction below.	MST	VEWENT.	0	3
	Address, If Applicable	ing Office Address, If Applicable			Date Incorporated or Qualified					
0.45 4.4 (1.55				And Hard			To Do Business in Florida 09/19/1991			
Suite, Apt. #, etc. Suite				Suite, Apt. #, etc.			-5. PEl'Númbe			Applied For
City & State			City & State			· · · _ *** —	1 05 0007500			Not Applicable
Zip		Country	Zip~~~~~	-	Countr	у	CERTIFICATI	OF STATUS DESIRED S8	.75 Addition	onal Fee required licate of Status
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprofit	corpora	ations must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
DPS :	ROBINSON, WILLIAM R JR			1501 SW LEJEUNE RD			CORAL GABLES FL			
T	FORMAN, TERRY J			1501 SW LEJEUNE RD				CORAL GABLES FL		
							7.0 10/28/	00242064 0301040016	ァァ **600	. 00
								00242064		
							11/26/	 0301029003	**150	. 00
:			7	`	· •	, 			ζ.	
	e and Address of Current R	ent			9. Name and Address of New Registered Agent					
FORMAN, TERRY J 1501 SW LEJEUNE RD CORAL GABLES FL 33134						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
10. I, being	appointed the	e registered agent of the abov	e named corpo	oration, am far	miliar wi	ith and accept the ob	oligations of Secti	on 607.0505, F.S. or 617.050)5, F.S.	

11. 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 of Registered Agent

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

10/22/07. 8/3-87/-(67)
Date Daytime Phone #