


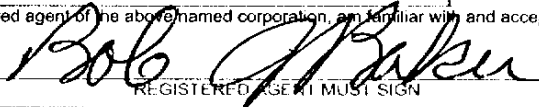
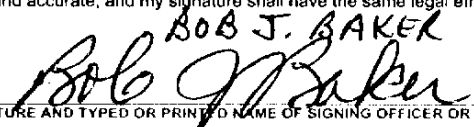


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S83902		99 MAR 31 AM 11:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name ASSET STRATEGIES, INC.			
Principal Place of Business 1934 DAIRY RD. SUITE 308 MELBOURNE FL 32904 US		Mailing Address P.O. BOX 2276 MELBOURNE FL 32902 US	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 981 VICTORIA TERRACE SUITE, Apt. #, etc. ALTAMONTE SPRINGS, FL City & State 32701 USA		3. New Mailing Office Address, If Applicable P.O. BOX 151677 SUITE, Apt. #, etc. ALTAMONTE SPRINGS, FL City & State 32715-1677 USA	
4. Date Incorporated or Qualified To Do Business in Florida 09/24/1991		5. FEI Number 59-3087736	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PSTD	BAKER, BOB J.	1934 DAIRY RD. 981 VICTORIA TERRACE	MELBOURNE FL ALTAMONTE SPRINGS, FL 32701
			
			100002832351--6 -04/07/99--01079--018 ****900.00 ****900.00
8. Name and Address of Current Registered Agent JONES, RICHARD O. 1250 EAU GALLIE BLVD STE 308 MELBOURNE FL 32904		9. Name and Address of New Registered Agent Name BOB J BAKER Street Address (P.O. Box Number is Not Acceptable) 981 VICTORIA TERRACE Suite, Apt. #, Etc. ALTAMONTE SPRINGS, FL City 32701 State FL Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date 3.25.99 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax)			
12. 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: 		3.2599 407.834.9732 Daytime Phone #	

CR2ED040 (9/98)