

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State, DIVISION OF CORPORATIONS		FILED 98 AUG 11 PM 3:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 897285 1. Corporation Name Aster Group Corp.					
Principal Place of Business 2338 Immokalee Rd Ste 225 Naples, FL 33942		Mailing Address 2 Logan SQ Ste 2220 Phila PA 19103			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				DO NOT WRITE IN THIS SPACE	
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida Nov 26 '91	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 650299884	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Country		Country		78000261	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				-08/18/98--01007--008 ****900.00 State ****900.00 Zip	
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.		
Pres	Linda Watson	2338 Immokalee Rd Ste 225 Naples, FL 33942	→		
VP	Kurt Schmucker	2338 Immokalee Rd Ste 225	Naples, FL 33942		
Sec	Linda Watson	same	same		
TR	Paul Kirk	same	same		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
Sanders Group, Inc. 2338 Immokalee Rd Ste 225 Naples, FL 33942		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL			
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.		Paul Kirk, TR July 20 '98			
Signature of Registered Agent		REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Paul Kirk, Pres. July 20 '98					