PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 FEB 22 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FL

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CR2E081 (11/10)

DOCUMENT # F12000001146

1. Corporation Name
ASCENT PROPERTIES INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
74 OKANAGAN DR.		74 OKANAGAN DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
RICHMOND HILL, ONTARIO		RICHMOND HILL, ONTARIO	
Zip	Country	Zip	Country
L4C CA	CANADA	L4C CA	CANADA

4. Date Incorporated or Qualified To Do Business in Florida: 2012

5. FEI Number: 45-3963598 — 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: Christine L. Weingart, Esq

Street Address (P.O. Box Number is Not Acceptable): 315 E. ROBINSON STREET

Suite, Apt. #, Etc.: Suite 600

City: ORLANDO — State: FL — Zip Code: 32801

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: Christine Weingart — Date: 9/3/20

REGISTERED AGENT MUST SIGN

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
D	DOV ROM	74 OKANAGAN DR., RICHMOND HILL, ONTARIO, CANADA L4C CA	
			MAR 3 1 2021
			D CUSHING

10. E-mail Address: CORPORATE@ZKSLAWFIRM.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S

SIGNATURE: _____ 17/08/2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #