

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000037087**

1. Corporation Name

ASHLEY HOLDINGS & INVESTMENTS INC

Principal Place of Business

Mailing Address

1110 MARKET ST
WAREHOUSE ROW
CHATTANOOGA TN 37402

1110 MARKET ST
WAREHOUSE ROW
CHATTANOOGA TN 37402



If above addresses are incorrect in any way, line through incorrect information and enter correction below

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

47-0851740

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$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	4 City / State / Zip
P	PATEL, JOTINDRA	3101 MAGUIRE BLVD. #101 46 Amelia Drive	ORLANDO FL 32803 FORT OGLETHORPE, GA 30742

07-28-03 90144 013 \$150.00

[Handwritten Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAIEL, JOTINDRA
1320 JOHNS COVE LANE
WINTER GARDEN FL 34787

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

Suite, Apt. #, Etc. _____

City _____ 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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* Date 10-20-03
REGISTERED AGENT MUST SIGN

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]* 10-20-03.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

PEGGY A. SCHMIDT, CPA

6406 East Brainerd Road • Chattanooga, TN 37421
Phone: 423/855-5999 • Fax: 423/855-0919
E-Mail: peggy@1040.com

October 20, 2003

Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, FL 32314-6327

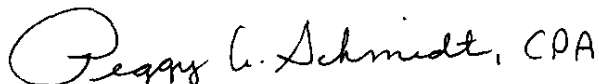
Re: Ashley Holdings & Investments, Inc.
P01000037087

Enclosed is the Application for Reinstatement without payment as you have recorded receipt of payment of \$150.

We are requesting waiver of the reinstatement fee as we never received the initial filing report. We sent in the first form we received as soon as we received it, which apparently was the second notice.

Thank you for your prompt attention to this matter.

Sincerely,



Peggy A Schmidt, CPA