

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

08 FEB 14 AM 8:55

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704000141456

1. Corporation Name

ASCOT COMPANY, INC.

20
2.19.08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800118071308
02/14/08--01039--028 **600.00

2. Principal Office Address - No P.O. Box #
17 GLEN ANDREW ROAD

Suite, Apt. #, etc.

City & State
White Sulphur Springs,
West VA

Zip
24986

Country
USA

3. Mailing Office Address

P.O. Box 117

Suite, Apt. #, etc.

City & State
White Sulphur
Springs, West VA

Zip
24986

Country
USA

REINSTATEMENT 05.08

4. Date Incorporated or Qualified
To Do Business in Florida 10/13/2004

5. FEI Number 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
FLORENCE REED

Street Address (P.O. Box Number is Not Applicable)
8040 SUNRISE LAKES DRIVE NORTH

Suite, Apt. #, Etc.
103

City
SUNRISE

State
FL

Zip Code
33322

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 2/8/08

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
P	William J FRIEDMAN	17 GLEN ANDREW ROAD White Sulphur	White Sulphur Springs, West VA 24986
S	Rebecca K. FRIEDMAN	17 Glen Andrew Road	White Sulphur Springs West VA 24986

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Feb. 3, 2008

Date

304-536-2128

Daytime Phone #