

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000013066

1. Corporation Name ASHLEY HOMES INVESTMENTS, INC.

2. Principal Office Address  
6744 S.W. 22 STREET

3. Mailing Office Address  
193 S.W. 102COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip Country  
33155 U.S.A.

Zip Country  
33174 U.S.A.

REINSTATEMENT 98-00

4. Date Incorporated or Qualified To Do Business in Florida 02/12/1996

5. FEI Number 65-0752877 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  
MARIA VICTOIRA ROS

Street Address (P.O. Box Number is Not Acceptable)  
3760 S.W. 82 AVE.

Suite, Apt. #, Etc.

City  
MIAMI

State Zip Code  
FL 33155

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 *Maria R.*

REGISTERED AGENT MUST SIGN

Date 09/05/00

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	ALBERTO F. RODRIGUEZ	193 S.W. 102 CT.	MIAMI, FL 33174
VP	ALBERTO L. RODRIGUEZ	193 S.W. 102 CT.	MIAMI, FL 33174
S	RAQUEL RODRIGUEZ	193 S.W. 102 CT.	MIAMI, FL 33174

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 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:

*Alberto F. Rodriguez*

ALBERTO F. RODRIGUEZ

09/05/2000

(305)977-2485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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DIVISION OF CORPORATIONS  
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**Florida Department of State**  
**Division of Corporations**  
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Katherine Harris, Secretary of State

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**(((H00000046613 6)))**

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**CORPORATION REINSTATEMENT**

**ASHLEY HOMES INVESTMENTS, INC.**

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Certified Copy	0
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