

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
APR 29 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 996000032157

1. Corporation Name
ASTON WILDLIFE LICENSES, INC

Principal Place of Business Mailing Address

C/O ASTON MANAGEMENT CORPORATION 6497 PARKLAND DRIVE, SUITE A SARASOTA FL 34243

C/O ASTON MANAGEMENT CORPORATION 6497 PARKLAND DRIVE, SUITE A SARASOTA FL 34243



REINSTATEMENT

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

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 4/12/96

5. FEI Number 65-0669194 Applied For Not Applicable

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	2	3	4
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	ASFUR, ANTHONY R	6902 CHICKASAW BAYOU ROAD	BRADENTON FL 34203
D	SEXTON, DALE	10334 PALMBROOKE TERRACE	BRADENTON FL 34202

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8. Name and Address of Current Registered Agent

ASFUR, ANTHONY R
6497 PARKLAND DRIVE
SUITE A
SARASOTA FL 34243

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent arcatt Date 4/28/99

REGISTERED AGENT MUST SIGN

1. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

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: Dale J. Sexton - Secretary Date 4/28/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR TRUSTEE