

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

04 FEB 26 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000001520

1. Corporation Name

601 ASHLEY, INC.

Principal Place of Business

Mailing Address

% C.A.H., INC.  
220 E. MADISON STREET. #1200  
TAMPA FL 33602

% C.A.H., INC.  
220 E. MADISON STREET. #1200  
TAMPA FL 33602

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

2. New Principal Office Address, If Applicable

601 N. Ashley Dr

3. New Mailing Office Address, If Applicable

601 N. Ashley Dr

Suite, Apt. #, etc.

Suite 1200

Suite, Apt. #, etc.

Suite 1200

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33602

Country

USA

Zip

33602

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/06/1998

5. FEI Number

59-3494180

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HUGHES, GREGORY L	601 N ASHLEY DR SUITE 1200	TAMPA FL 33602

700029409587  
02/25/04--01070--018 \*\*\$300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUGHES, GREG  
601 N ASHLEY DR SUITE 1200  
TAMPA FL 33602

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

REGISTERED AGENT MUST SIGN

Date

2/17/04

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/04

Daytime Phone #

813 225 1141

CR2E040 (7/03)