

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



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

01 JUN -8 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000 77894**

1. Corporation Name

ASTON WORLDWIDE ANIMATION, INC.

2. Principal Office Address

6408 Parkland Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Ste. 104

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Zip

34243

Country

USA

Zip

Country

4. Date Incorporated or Qualified Filed **9-9-98**
To Do Business in Florida

5. FEI Number

06-1544819

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

Anthony R. Asfur

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

6408 Parkland Drive

Suite, Apt. #, Etc.

Ste. 104

City

Sarasota

700004383197-6
-06/08/01--01017--011
908.75 ***908.75**

State
FL

Zip Code

34243

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

[Signature]

Date

6/7/01

REGISTERED AGENT MUST SIGN

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
CEO	Anthony R. Asfur	6902 Chickasaw Bayou	Bradenton, FL 34203
Pres.	Dale J. Sexton	10334 Palmbrooke Ter.	Bradenton, FL 34202
Dir.	Ed Nosko	20778 W. Chartwell Dr.	Kildeer, IL 60047
Dir.	Graee Nosko	20778 W. Chartwell Dr.	Kildeer, IL 60047
Dir.	Art Kraus	84 Owen Blvd.	Toronto, Ontario M2P-1G3
Dir.	Jeffrey Rabin	8980 S.W. 117th St.	Miami, FL 33176

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/01

Date

941 755-6793

Daytime Phone #