

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~

**DOOR**

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

**102**

FILED

01 NOV 16 PM 1:49

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **436663**

1. Corporation Name  
**AL ASH REALTY, INC.**

Principal Place of Business 5316 TROUBLECREEK RD. NEW PORT RICHEY FL 34652	Mailing Address 5316 TROUBLECREEK RD. NEW PORT RICHEY FL 34652
--	--



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	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	4. Date Incorporated or Qualified To Do Business in Florida <b>09/21/1973</b>	5. FEI Number <b>59-1577987</b>	Applied For Not Applicable
--	--	--	------------------------------------	-------------------------------

6.  \$9.75 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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
V	UZZLE, SANDRA S.	5316 THOUBLE CREEK RD	NEW PORT RICHEY FL
P	UZZLE, STEVE R.	5316 THOUBLE CREEK RD	NEW PORT RICHEY FL
ST	KARAY, BEVA S.	5719 LAFAYETTE STREET	NEW PORT RICHEY FL
			***150.00 ***150.00
			300004733253--8 12/19/01 01065-009 ***150.00 ***150.00

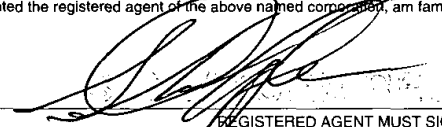
8. Name and Address of Current Registered Agent

**UZZLE, STEVE R.**  
**5316 THOUBLE CREEK RD**  
**NEW PORT RICHEY FL 34653**

9. Name and Address of New Registered Agent

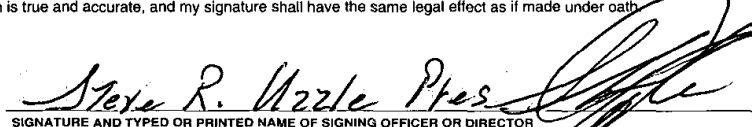
Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt., #, Etc.  
 City State Zip Code  
**FL**

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  Date **10/18/01**

REGISTERED AGENT MUST SIGN

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:  Date **11/13/01** Daytime Phone # **737-849-0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)

202

**AL ASH REALTY, INC.**

5316 Trouble Creek Rd  
New Port Richey  
Florida, 34652  
727-849-0000

October 18, 2001

To Whom it may concern,

I recently received notice from you that I failed to renew corporation , document # 436663 under the name of Al Ash Realty, Inc.

I have not received renewal notification . Please find check in the amount of \$150.00 and form application for reinstatement.

With personal regard,



Steve R. Uzzle  
Pres./Al Ash Realty, Inc.