

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

13-14



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

14 FEB 11 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 713990

1. Corporation Name

**Ashley Hall Condominium Corp, Inc.**

2. Principal Office Address - No P.O. Box #

**4299 NW 16th Street**

Suite, Apt. #, etc.

City & State

**Lauderhill, FL**

Zip

**33313**

Country

3. Mailing Office Address

**c/o Lauderhill Ten Management Corp**

Suite, Apt. #, etc.

**4301 NW 16th Street**

City & State

**Lauderhill, FL**

Zip

**33313**

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
01/23/1968

5. FEI Number

**59-1370618**

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

**Emile Gauvreau**

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

**4301 NW 16th Street**

Suite, Apt. #, Etc.

City

**Lauderhill**

State

**FL**

Zip Code

**33313**

**100256585591**  
02/11/14--01002--002 \*\*2975.00

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

Date 01/30/2014

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
P	Willie McGraw	4299 NW 16th Street, A-311	Lauderhill, FL 33313
VP	Nancy Dupont	4299 NW 16th street, A-106	Lauderhill, FL 33313
S	Andre Grenier	4299 NW 16th Street, A-312	Lauderhill, FL 33313
T	Lise Giroux	4299 NW 16th Street, A-210	Lauderhill, FL 33313
D	Jean Houle	4299 NW 16th Street, A-305	Lauderhill, FL 33313

10. E-mail Address: lauderhill10@comcast.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**SIGNATURE:**

**WILFRED MCGRAW**

01/30/2014

9547331922

Date

Daytime Phone #