


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000006430
 1. Entity Name
ASH BROKERAGE CORPORATION



FILED
 05 OCT 31 PM 12:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
8515 BLUFFTON RD. **8515 BLUFFTON RD.**
FORT WAYNE, IN 46809 **FORT WAYNE, IN 46809**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



10062005 REIN-P CR2E098 (6/04)

4. FEI Number **35-1479222** Applied For
 Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GROVER, JASON E
12421 N. FLORIDA AVE. STE. C-220
TAMPA, FL 33612

7. Name and Address of New Registered Agent
 Name
ST Corporation System
 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
 City **Plantation** FL Zip Code **33324**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of, the registered agent.
 SIGNATURE *[Signature]* **TRACI HOUCK** SPECIAL ASSISTANT SECRETARY **10/21/05**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ASH, TIM 8515 BLUFFTON RD. FORT WAYNE, IN 46809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ASH, JIM 5100 TAMiami TRAIL N STE. 143 NEWGATE CENTRE, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5000610450 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/31/05--01049--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROMAN, ALAN 8515 BLUFFTON RD. FORT WAYNE, IN 46809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Cindy Ann Bastress 8515 Bluffton Rd. Fort Wayne, IN 46809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHAEFER, GARY 8515 BLUFFTON RD. FORT WAYNE, IN 46809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIPIETRO, RON D 8515 BLUFFTON RD. FORT WAYNE, IN 46809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other info empowered.

SIGNATURE: *[Signature]* **10/16/05 (260) 478-0600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #