

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 26 AM 11:34

DOCUMENT # F 42014

1. Corporation Name
ASHLEY CONSULTING, INC

| | | | |
|---|-----------------------|---|---------------------|
| 2. Principal Office Address 3621 BELFAST DR. Suite, Apt. #, etc. | | 3. Mailing Office Address SAME Suite, Apt. #, etc. | |
| City & State TALLAHASSEE FL | | City & State " | |
| Zip 32309 | Country USA | Zip " | Country " |

4. Date Incorporated or Qualified To Do Business in Florida 1975

5. FEI Number 59 2107520 **Applied For** ☐ **Not Applicable** ☒

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Don Ashley

Street Address (P.O. Box Number is Not Acceptable) 3621 Belfast Dr

Suite, Apt. #, Etc.

City Tall

State FL **Zip Code** 32309

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****308.95 ****308.95

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 J. Don Ashley **Date** 12/6/01

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 |
|-----------|-----------------------------------|--|--------------------|
| Pres | J. Don Ashley | 3621 Belfast Dr | Tall FL 32309 |
| Vice Pres | PAMELA Ashley | " | " 32309 |
| | | | |
| | | | |
| | | | |

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: J. DON ASHLEY **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** J. Don Ashley **Date** 12/6/01 **Daytime Phone #** 850 893 68 09



Ashley Associates, Inc.

P. O. Box 13769, Tallahassee, Florida 32317

(850) 893-6869

Fax (850) 893-9376

Email: JDALEGARTO@aol.com

12/6/01

Dear Sir:

- 1) We did not receive a letter to renew our cooperation for last year. Please make sure one goes out for this year to 3621 Belfast Dr Tall FL 32308

- 2) Enclosed is a check for \$150 plus \$8.75 for a copy of a certificate of Good Standing to keep us current.

I can be reached at the above # if possible.

Thanks!

Tom Ashley