
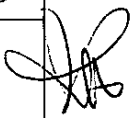


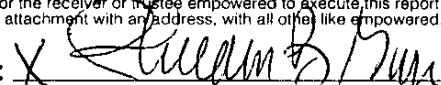


# 2006 FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F47517</b> 1. Entity Name ASCOT GROUP, INC.				06 OCT 10 11 34 AM SEAL TALLAHASSEE	
Principal Place of Business 1101 BRICKELL AVE. #1005-S MIAMI, FL 33131 US		Mailing Address 1101 BRICKELL AVE. #1005-S MIAMI, FL 33131 US			
2. Principal Place of Business 1691 Michigan Ave Suite, Apt. #, etc. 300		3. Mailing Address 1691 Michigan Ave Suite, Apt. #, etc. 300			
City & State Miami Beach, FL		City & State Miami Beach, FL		4. FEI Number 59-2127833	
Zip 33139 Country USA		Zip 33139 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GUREN SHELDON B. 1101 BRICKELL AVE SUITE 1005-S MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Sheldon B. Guren Street Address (P.O. Box Number is Not Acceptable) 1691 Michigan Avenue, Suite 300 City Miami Beach FL Zip Code 33139		
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 obligations of registered agent.					
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>			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	PD GUREN, SHELDON B 1101 BRICKELL AVE, STE 1005-S MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sheldon B. Guren 1691 Michigan Avenue #300 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOROTKY, PAMELA G. 5222 RUSSELL ST #26 TAMPA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200080880132 <del>10315488</del> -01048--011 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.					
SIGNATURE: 			10/10/06 305-374-4007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		