




# 2006 FOR-PROFIT CORPORATION REINSTATEMENT

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # F47517</b><br>1. Entity Name<br>ASCOT GROUP, INC.  |  |    | FILED<br>06 OCT 10 10 30 AM<br>SEAL<br>TALLAHASSEE, FLORIDA |
| Principal Place of Business<br>1101 BRICKELL AVE. #1005-S<br>MIAMI, FL 33131 US  |  | Mailing Address<br>1101 BRICKELL AVE. #1005-S<br>MIAMI, FL 33131 US   |   |
| 2. Principal Place of Business<br>1691 Michigan Ave<br>Suite, Apt. #, etc. 300   |  | 3. Mailing Address<br>1691 Michigan Ave<br>Suite, Apt. #, etc. 300  |   |
| City & State<br>Miami Beach, FL  |  | City & State<br>Miami Beach, FL   |   |
| Zip 33139 Country USA  |  | Zip 33139 Country USA   |   |
| 6. Name and Address of Current Registered Agent<br><br>GUREN SHELDON B.<br>1101 BRICKELL AVE<br>SUITE 1005-S<br>MIAMI, FL 33131  |  | 7. Name and Address of New Registered Agent<br>Name Sheldon B. Guren<br>Street Address (P.O. Box Number is Not Acceptable)<br>1691 Michigan Avenue, Suite 300<br>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:    |  | DATE:   |   |
| SIGNATURE, typed or printed name of registered agent and title if applicable.  |  | (NOTE: Registered Agent signature required when reinstating)  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><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.  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |
| TITLE PD<br>NAME GUREN, SHELDON B. <input type="checkbox"/> Delete<br>STREET ADDRESS 1101 BRICKELL AVE, STE 1005-S<br>CITY-ST-ZIP MIAMI, FL 33131  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME President<br>STREET ADDRESS Sheldon B. Guren<br>CITY-ST-ZIP 1691 Michigan Avenue #300<br>Miami Beach, FL 33139 | 200080880132<br>10315/08-01048--011 **150.00  |   |
| TITLE VP<br>NAME KOROTKY, PAMELA G. <input type="checkbox"/> Delete<br>STREET ADDRESS 5222 RUSSELL ST #26<br>CITY-ST-ZIP TAMPA, FL   | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>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:    |  | Date 10/10/06 Daytime Phone # 305-374-4007  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date Daytime Phone #  |   |

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