

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F90165

1. Corporation Name

ASCOT CORP.

Principal Place of Business

Mailing Address

175 Fountainbleau Boulevard
Suite 2J3
Miami, Florida 33172

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

July 7, 1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1310380

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P/S	IVAN GREG	175 FOUNTAINBLEAU BLVD. SUITE 2J3	MIAMI, FLORIDA 33172
Asst. S	KENNETH F. DARROW	9350 SOUTH DIXIE HIGHWAY SUITE 1550	MIAMI, FLORIDA 33156
			800002618278--4 -08/18/98--01007--017 *****908.75 *****908.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KENNETH F. DARROW
9350 SOUTH DIXIE HIGHWAY
SUITE 1550
MIAMI, FLORIDA 33156

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Kenneth F. Darrow

REGISTERED AGENT MUST SIGN

Date

8/10/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

Kenneth F. Darrow

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth F. Darrow

8/10/98

Date

(305)670-1770

Daytime Phone #

EXT 330