

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
02 MAR 25 PM 1:04

DOCUMENT # J73552

1. Corporation Name

Aston Building Corporation

REINSTATEMENT 92-02

2. Principal Office Address

11 Colonial Village Green

Suite, Apt. #, etc.

City & State

Aston, PA

Zip Country

19014-1756

3. Mailing Office Address

11 Colonial Village Green

Suite, Apt. #, etc.

City & State

Aston, PA

Zip Country

19014-1756

4. Date Incorporated or Qualified
To Do Business in Florida

5/15/87

5. FEI Number

23-248-6966

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM AKERS, III, P.A.

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

120 East Granada Blvd.

Suite, Apt. #, Etc.

City

Ormond Beach,

State
FL

Zip Code
32176

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

William Akers, III

Date

2/18/02

WILLIAM AKERS, III

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
PD	Robert O'Neill	11 Colonial Village Green	Aston, PA 19014-1756
SD	Catherine M. O'Neill	11 Colonial Village Green	Aston, PA 19014-1756

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.

Robert O'Neill, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/02

CR2E081 (9/01)