

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 2004 8:00 A.M.**  
**Secretary of State**

1. DOCUMENT # L00000005674

Name and Mailing Address

0001017 01 AV 0.278 \*\*AUTO H5 0 0615 33431-669518



ASHLEY ASSOCIATES, LLC  
3350 NW 2ND AVENUE  
#A-38  
BOCA RATON FL 33431-6695



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/12/2000	
Principal Place of Business 3350 NW 2ND AVENUE #A-38 BOCA RATON FL 33431	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1006850	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent GALPERN, JEFFREY H 3350 NW 2ND AVENUE BOCA RATON FL 33431	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Jeffrey Galpern **NOTAR PUBLIC REQUIRED** Date 4-27-04  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GALPERN, JEFFREY H	3350 NW 2 AVENUE	BOCA RATON FL 33431
			400035442324 05/05/04--01016--002 **200.00

**REINSTATEMENT** 2003-04 *ep*

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Jeffrey Galpern Date 4-27-04 Daytime Phone # \_\_\_\_\_  
Typed or printed name of signing Managing Member/Manager JEFFREY GALPERN

CR2E084 (7/03)