

LO0000007118

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP -5 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO0000007118

1. Limited Liability Company's Name

Ashland Development LLC

700021247857
07/01/03--01080--001 **150.00

2. Principal Office Address

665 HAROLD AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

FL

Zip

32789

Country

ORANGE

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6-19-2006

6. FEL Number

59370163 20-0103548

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael A. Nader

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

665 HAROLD AVE

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32789

9. 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

[Signature]

Date 6/18/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Michael A. Nader	665 Harold Ave	Winter Park FL 32789
mgr	Amy S. Nader	665 Harold Ave	Winter Park FL 32789

REINSTATEMENT 02-03

11. 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

[Signature]

Date 6/18/03

Daytime Phone #407-622-7100

Typed or printed name of signing Managing Member/Manager

Michael A. Nader

CR2E041 (10/02)