

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L 00000014940**

1. Limited Liability Company's Name

ASHLEY PARTNERS I, LLC

2. Principal Office Address

50 E. Sample Road

Suite, Apt. #, etc.

400

City & State

Pompano Beach, FL

Zip

33064

Country

USA

3. Mailing Office Address

50 E. Sample Road

Suite, Apt. #, etc.

400

City & State

Pompano Beach, FL

Zip

33064

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

December 4, 2000

6. FEI Number

65-1089812

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

DANA M. SCHEER

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

50 E. SAMPLE ROAD

Suite, Apt. #, Etc.

SUITE 400

City

POMPAÑO BEACH

State

FL

Zip Code

33064

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]

REGISTERED AGENT MUST SIGN

Date **January 15, 2004**

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
MGRM	Barry Florescue	50 E. Sample Road, Suite 400	Pompano Beach, FL 33064
	REINSTATEMENT	2003-2004	
			500027287025

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 **1-16-04**

Daytime Phone # **(954) 784-3031**

Typed or printed name of signing Managing Member/Manager

BARRY FLORESCUE

CR2E041 (10/02)



CORPORATION SERVICE COMPANY™

L000000014940

ACCOUNT NO. : 072100000032

REFERENCE : 401610 7378A

AUTHORIZATION :

Patricia Pajito

COST LIMIT : \$ 200.00

ORDER DATE : January 20, 2004

ORDER TIME : 10:38 AM

ORDER NO. : 401610-005

CUSTOMER NO: 7378A

CUSTOMER: Oonagh B. Engo, Legal Asst
Scheer & Associates, Inc.
Suite 400
50 East Sample Road
Pompano Beach, FL 33064

FILED
04 JAN 20 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: ASHLEY PARTNERS I, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward, Ext. 2935

EXAMINER'S INITIALS _____

RECEIVED
04 JAN 20 PM 1:16
DIVISION OF CORPORATION