

L02000008756

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 FEB - 1 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

ASH Properties, LLC

2. Principal Office Address - No P.O. Box #

207 W. Park Avenue

Suite, Apt. #, etc.

Suite B

City & State

Tallahassee, FL

Zip

32301

Country

USA

3. Mailing Office Address

P.O. Box 1874

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32302-1874

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

4/12/02

6. FEI Number

16-1624498

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

M. Scott Shirley

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

207 West Park Ave

Suite, Apt. #, Etc.

Suite B

City

Tallahassee

State

FL

Zip Code

32301

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

1/30/08

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	Samual J. Ard	207 W. Park Ave., Suite B	Tallahassee, FL 32301
MGR	Scott Shirley	207 W. Park Ave., Suite B	Tallahassee, FL 32301
MGR	Daniel W. Hartman	207 W. Park Ave., Suite A	Tallahassee, FL 32301
MGR	Nancy Hough	207 W. Park Ave., Suite B	Tallahassee, FL 32301

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REINSTATEMENT 2604-2008

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

1/30/08

Daytime Phone

(850)577-6500

Typed or printed name of signing Managing Member/Manager

Scott Shirley