

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 23 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 04 0000 31090

1. Limited Liability Company's Name

ASH, LLC

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

21180 MAINSAIL

Suite, Apt. #, etc.

UNIT B14

City & State

AVENTURA

Zip

33180

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

AVENTURA

FLORIDA

Zip

33180

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

APRIL 22/04

6. FEI Number

32-0119075

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

NATHAN NEUMAN

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

21180 MAINSAIL

Suite, Apt. #, Etc.

UNIT B14

City

AVENTURA

State

FL

Zip Code

33180

☒ 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

Apr. 11/07

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
MEM	NATHAN NEUMAN	21180 MAINSAIL	AVENTURA, FL 33180

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

Apr 11/07

Daytime Phone #

786-853-0006

Typed or printed name of signing Managing Member/Manager

NATHAN NEUMAN