

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 NOV 19 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000105334

1. Limited Liability Company's Name

WK Ashley LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 110 HILLSIDE BLVD. Suite, Apt. #, etc. SUITE 10 City & State LAKEWOOD, N.J. Zip 08701 Country U.S.A.		3. Mailing Office Address 110 HILLSIDE BLVD Suite, Apt. #, etc. SUITE 10 City & State LAKEWOOD, N.J. Zip 08701 Country U.S.A.	
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4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 20-5860814	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

Name United Corporate Services, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 9200 South Dadeland Blvd.	
Suite, Apt. #, Etc. Ste. 508	
City Miami	State FL Zip Code 33156

☒ 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 Robert J. Lehmley - Vice President Date November 6, 2008
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	JULIAN BLUMENTHAL	110 HILLSIDE BLVD. SUITE 10	LAKEWOOD, N.J. 08701

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 Julian Blumenthal Date 11/10/08 Daytime Phone # 732-367-7244
Typed or printed name of signing Managing Member/Manager Julian Blumenthal