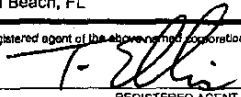
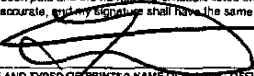


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 16 AM 8:00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000008900					
1. Corporation Name Sutton, Aspen, & Company, Inc.					
2. Principal Office Address 319 Clematis Street		3. Mailing Office Address 319 Clematis Street			
Suite, Apt. #, etc. Suite 211		Suite, Apt. #, etc. Suite 211			
City & State West Palm Beach, FL		City & State West Palm Beach, FL			
Zip 33401	Country USA	Zip 33401	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 01/26/2000					
5. FEI Number 59-3621342		Applied For Not Applicable			
6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name Timothy Ellis					
Street Address (P.O. Box Number is Not Acceptable) 319 Clematis Street					
Suite, Apt. #, Etc. Suite 211					
City West Palm Beach, FL					
State FL					
Zip Code 33401					
8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent  Date 11-10-2004					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	Frank Speight	319 Clematis St		West Palm Beach	
		Suite 211		FL 33401	
S/T	Tim Ellis	319 Clematis St		West Palm Beach	
		Suite 211		FL 33401	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. 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:  11/12/04 561-366-9211					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone					

REINSTATEMENT 01-04
MRD

1000-4322-3751
12/07/04-01007-109 \$1445.00

CREATED 10/10/04