FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV 16 AM 8:00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETIN

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000008900

REINSTATEMENT 01-04 MRD

1. Corporation Name
Sutton, Aspen, & Company, Inc.

2. Principal Office Address	3. Mailing Office Address
319 Clematis Street	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 ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Timothy Ellis

100043223751
12/07/04--01007--009 **145.00

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: T. Ellis — REGISTERED AGENT MUST SIGN — Date: 11-10-2004

CR2E081 (01/04)

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 Suite 211	West Palm Beach FL 33401
S/T	Tim Ellis	319 Clematis St Ste 211	West Palm Beach FL 33401

10. I certify that I am an officer or director or the receiver or trustee empowered to execute the 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)(i), 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: _____ 11/12/04 561-346-9211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #