

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 DEC 28 PM 4:00

DOCUMENT # P00000013463

1. Corporation Name  
 ASHTON PALMS, INC.

Principal Place of Business Mailing Address  
 36 E ESTHER ST. 36 E ESTHER ST.  
 ORLANDO FL 32801 ORLANDO FL 32801



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 36 W. ESTHER ST		Suite, Apt. #, etc. 36 W. ESTHER ST		02/04/2000	
City & State ORLANDO FLA		City & State ORLANDO FLA		5. FEI Number 59-3621874	
Zip 32806		Country		Applied For Not Applicable	
Zip 32806		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BURTON, JOHN A	36 E. ESTHER ST.	ORLANDO FL 32801
			200004785212--2 -01/18/02--01072--007 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURTON, JOHN A 36 E. ESTHER ST. ORLANDO FL 32801	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent John A Burton Date Dec 22 01  
 REGISTERED AGENT MUST SIGN

11. 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)(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: John A Burton Date Dec 22, 01 Daytime Phone # 407 425 0489  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)

AD

12/26/01

Pg 2

Sir:

This is to inform you I did not receive the Bill at the First of the year for the Corp dues.

The address on the bill was incorrect. Also the building was under major renovation. This is why we didn't receive it.

Thank you  
John Burt