

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # P00000020398

1. Corporation Name

ASHLEY CARPENTY INC.

Principal Place of Business

9821 N.W. 80TH AVENUE  
BAY #50  
HIALEAH GARDENS FL 33016

Mailing Address

9821 N.W. 80TH AVENUE  
BAY #50  
HIALEAH GARDENS FL 33016

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/28/2000

5. FEI Number

65-0985909

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BOLT, JOEL	4675 WEST 18 COT APT 412	HIALEAH FL 33012
			100004961391--1 -02/20/02--01051--014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOLT, JOEL  
4675 WEST 18TH COT  
APT 412  
HIALEAH FL 33012

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

1/24/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOEL BOLT 1/24/02  
305-8271654

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 11 AM 9:42



05-14-01 90263 034 \$150.00

CR2E040 (8/01)

January 28, 2002

Division of Corporation  
Uniform Business Report Filing  
P.O. Box 1500  
Tallahassee, FL. 32302-1500

Re: Ashley Carpentry, Inc.  
Document: #P00000020398

To Whom It May Concern:

I am the Accountant for the above clients. The reason for this letter is to request waiver of late fee and penalties.

Along to this letter is a copy of the formed sign and mailed to your office's on May 30, 2001. Apparently, it must have gotten lost in the mail.

So along to this letter is a check for \$150.00 and the renewal for 2002. Please adjust my account as soon as Possible because Florida Department of Revenue will not reissue my company the Resale Tax Certificate.

I would greatly appreciate any help in assisting my request to the matter.

Sincerely

  
VIVIAN G. MEDIAVILLA  
Accountant