PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 FEB 18 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000105147

1. Corporation Name
ASHIA INC

2. Principal Office Address	3. Mailing Office Address
1705 S.ANHINGA LANE	1705 S.ANHINGA LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMESTEAD, FLORIDA	City & State: HOMESTEAD, FLORIDA
Zip: 33035 Country: DADE	Zip: 33035 Country: DADE

100005049671--9
-03/06/02--01033--006
****408.75 ****408.75

4. Date Incorporated or Qualified To Do Business in Florida: NOV-08,2000

5. FEI Number: #65-1060539 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: MOHAMMED M MIA

Street Address (P.O. Box Number is Not Acceptable): 1705, S.ANHINGA LANE

Suite, Apt. #, Etc.:

City: HOMESTEAD State: FL Zip Code: 33035

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: Moh. M. Mia Date: 2/15/2002
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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	ABDUL SALAM CHAKLADER	777 NE 62ND STREET#C214	MIAMI,FL 33138
V	MOHAMMED M MIA	1705 S ANHINGA LANE	HOMESTEAD FL 33035
S	NASREEN HUQ	1705 S.ANHINGA LANE	HOMESTEAD,FL33035

FILED 01-02

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)(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: Abdul S Chakladar ABDUL SALAM CHAKLADER 2/15/2002 305-776-1206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #