PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000008713

1. Corporation Name

ASPEN PROPERTIES, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
260 BATH CLUB BLVDS	260 BATH CLUB BLVDS
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: N REDINGTON BEACH, FL	City & State: N REDINGTON BEACH, FL
Zip: 33708 Country: USA	Zip: 33708 Country: USA

CR2E061 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 01/22/2001

5. FEI Number: 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: GLENN HIII GOULD

Street Address (P.O. Box Number is Not Acceptable): 260 BATH CLUB BLVD

Suite, Apt. #, etc:

City: N REDINGTON BEACH | State: FL | Zip Code: 33708

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Reinst. 2014 - 2017

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: Karen Montano, Attorney-in-Fact Date: 7/11/2017

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
PD	GLENN HIII GOULD	260 BATH CLUB BLVD	N REDINGTON BEACH, FL 33708
STD	MARILYN J GOULD	260 BATH CLUB BLVD	N REDINGTON BEACH, FL 33708

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10. E-mail Address: buu@ingallscpa.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Karen Montano, Attorney-in-Fact 7/11/2017 561-694-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724
Toll Free: 844-541-6792

DATE: 7-10-17 WALK IN

ENTITY NAME: ASPEN ENTERPRISES, INC.

DOCUMENT # P01000008713

PLEASE FILE THE ATTACHED AND RETURN:

X Plain Copy
___ Certified Copy

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:

___ Certified Copy of Arts & Amendments
___ Certificate of Good Standing

2017 JUL 30

APOSTILLE'/NOTARIAL CERTIFICATION:

COUNTRY OF DESTINATION _____
NUMBER OF CERTIFICATES REQUESTED _____

TOTAL $ OWED: 1200.00
CHECK #: 3846

Please call Tina at the above number for any issues or concerns. Thank you so much!