

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 30 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000038728

1. Corporation Name

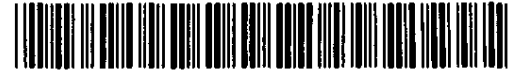
BRAD ASHER INSTALLS, INC.

Principal Place of Business

Mailing Address

546 WECHSLER CIRCLE  
ORLANDO FL 32824

546 WECHSLER CIRCLE  
ORLANDO FL 32824



REINSTATEMENT

03

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

04/03/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State  
Winter Garden FL

City & State  
Winter Garden, FL

47-0860373

Zip Country

Zip Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ASHER, BRAD	546 WECHSLER CIRCLE 1304 Portmoor Way	ORLANDO FL 32824 Winter Garden, FL 34787

300024286853  
10/30/03--01039--002 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ASHER, BRAD  
546 WECHSLER CIRCLE  
ORLANDO FL 32824

Name Brad Asher Installs Inc  
Street Address (P.O. Box Number is Not Acceptable)  
1304 Portmoor Way  
Suite, Apt. #, Etc.

City Winter Garden State FL Zip Code 34787

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/24/03

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

10/24/03

Date


407-709 6735

Daytime Phone #

CR20040 (7/03)

To Whom It May Concern:

Please waive the penalty fee, as we never did receive a notice in the mail. This was our first year as a corporation. Enclosed is payment of \$150.00. Thank you.

*Brad Asher* 

Brad Asher

Brad Asher Installs Inc.