

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 27 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000066477**

1. Corporation Name

ASHOKEN INC

2. Principal Office Address

6770 indian creek Dr

Suite, Apt. #, etc.

Suite 10-0

City & State

Miami Beach, FL

Zip

33141

Country

USA

3. Mailing Office Address

6770 indian creek Dr

Suite, Apt. #, etc.

Suite 10-0

City & State

Miami Beach, FL

Zip

33141

Country

USA

600041366146

09/27/04--01043--016 **308.75

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/2002

5. FEI Number

04-3700965

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

ASHOK T. GANESAN

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

6770 indian creek Drive

Suite, Apt. #, Etc.

Suite 10-0

City

Miami Beach

State

FL

Zip Code

33141

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **9/23/2004**

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	ASHOK T. GANESAN	6770 indian creek Drive #10-0 Aquasol	Miami Beach, FL 33141

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/2004
Date

305 205 5158
Daytime Phone #

2 of 2

FILED

04 SEP 27 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 23, 2004

From: Ashok Ganesan
6770 Indian Creek Drive Suite 10-O
Miami Beach, FL 33141

To: Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

ATTN: REINSTATEMENT of ASHOKEN INC.

To Department of State,

I, Ashok T. Ganesan, president and registered agent of Ashoken Inc, have never received any Annual Report in the year that the company was dissolved. I am requesting a waiver for not receiving the report.

After speaking with 2 representatives from the Florida Department of State: Division of Corporations, I am enclosing a check of 308.75 covering the past two years and request for a certificate of active status.

I appreciate your time,



**Ashok T. Ganesan
6770 Indian Creek Drive Suite#10-0
Miami Beach, FL 33141**

**atgkool@yahoo.com
305.205.5158**