

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 13 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000106397**

1. Corporation Name

FL-ASH PRODUCTION COMPANY

Principal Place of Business

Mailing Address

3660 LIBERTY SQ.
FT. MYERS FL 33908

3660 LIBERTY SQ.
FT. MYERS FL 33908

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

10/02/2002

5. FEI Number

56-2303521

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
D	CARRETTA, GLENN L	3660 LIBERTY SQ.	FT. MYERS FL 33908
D	SEVILLA, ASH	3660 LIBERTY SQ.	FT. MYERS FL 33908

900023768139
10/13/03--01101--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

URKOVICH, RONALD
2323 WOOSTER LANE, SUITE 2
SANIBEL ISLAND FL 33957

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FORT MYERS

FL

33908

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

REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

Glenn L. Carretta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-
10-10-03 395-3100

CR2E040 (7/03)

Division of Incorporation
409 East Gaines Street
Tallahassee Fl. 32314-632c7

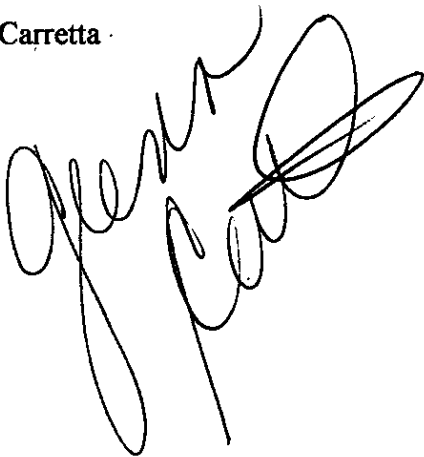
10/10/03
gc

Dear Sirs,

I had not received any notices whatsoever regarding the corporation fee required. I am requesting the late fees be waived. I have changed the current registered agent from Ron --Urkovich, who was my attorney at the time I incorporated now to myself. That may have been the cause of my not receiving notice.
I am sending this overnight mail for immediate receipt. I apologize for the trouble.

Sincerely,

Glenn Carretta

A handwritten signature in cursive script, appearing to read 'Glenn Carretta', with a large, stylized flourish at the end.