

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 DEC -4 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000130899**

1. Corporation Name

**Ashley Art & Frame Corp.**

**REINSTATEMENT 03**

**600025218906**  
12/04/03--01013--012 \*\*150.00

2. Principal Office Address

**10990 Indian Creek Drive**

3. Mailing Office Address

**- SAME -**

Suite, Apt. #, etc.

**#1**

Suite, Apt. #, etc.

City & State

**Miami Beach, FL**

City & State

Zip

**33141**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/12/02**

5. FEI Number

**83-0345714**

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

**Almonte, Abraham.**

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

**8287 E. Dixie Hwy.**

Suite, Apt. #, Etc.

City

**Miami, FL**

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

**X** *[Signature]*

REGISTERED AGENT MUST SIGN

Date **12-01-03**

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
<b>PD</b>	<b>Abraham Almonte</b>	<b>8287 E. Dixie Hwy</b>	<b>Miami, FL 33141</b>

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: **X** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12-01-03**

Daytime Phone #

**(305) 861-4909**

CR2E081 (10/02)

*TR*

November 24, 2003

Uniform Business Report  
Division of Corporation  
P. O. Box 6327  
Tallahassee, FL 32314

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To Whom It May Concern:

I would like to inform that my Uniform Business Report was never received by my office and it just got to my attention that my corporation was not active I spoke to your office today to explain the situation and as per your office I need to include a check in the amount of \$150.00 and a completed corporation reinstatement form.

If you need further information please give us a call, we appreciate your prompt attention to this very important matter.

Thank you,



Abraham Almonte,  
President  
8701 NW 32<sup>ND</sup> AVENUE  
MIAMI, FL 33147