

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000073656

**FILED**  
**Nov 09, 2010**  
**Secretary of State**

**Entity Name:** WAYNE ASHTON MAINTENANCE, INC.

**Current Principal Place of Business:**

364 CYCLONE DRIVE  
FORT PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

364 CYCLONE DRIVE  
FORT PIERCE, FL 34945

**New Mailing Address:**

**FEI Number:** 36-4544809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASHTON, LINDA  
364 CYCLONE DRIVE  
FORT PIERCE, FL 34945 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LINDA ASHTON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ASHTON, LINDA  
Address: 364 CYCLONE DRIVE  
City-St-Zip: FORT PIERCE, FL 34945

Title: STD  
Name: ASHTON - SHARPE, LISA MARIE  
Address: 364 CYCLONE DRIVE  
City-St-Zip: FORT PIERCE, FL 34945

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA MARIE ASHTON SHARPE

STD

11/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date