

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 NOV 20 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000004043

1. Corporation Name

Ashley investments of miami, Inc

2. Principal Office Address - No P.O. Box #  
18100 W DIXIE HWY

3. Mailing Office Address  
18100 W DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
AVENTURA

City & State  
AVENTURA

Zip Country  
FL 33160

Zip Country  
FL 33160

**REINSTATEMENT** 07

CR2E081 (1/07)

10/12/07 01053 021 \$150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
83-0409577

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  
AVY OHNONA

Street Address (P.O. Box Number is Not Acceptable)  
18100 W DIXIE HWY

Suite, Apt. #, Etc.

City State Zip Code  
AVENTURA, FL 33160

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date

REGISTERED AGENT MUST SIGN

**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	AVY OHNONA	18100 W DIXIE HWY	AVENTURA, FL 33160

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 contained in Chapter 119, 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

Date

Daytime Phone #