

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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
FL

Country
33160

Zip
FL

Country
33160

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
AVENTURA,

State
FL Zip Code
33160

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 #