

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 HEY

Suite, Apt. #, etc.

201

City & State

AVENTURA, FL

Zip

33160

Country

3. Mailing Office Address

2320 HOLLYWOOD BLVD

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip

33020

Country

7. Name and Address of Current Registered Agent

Name

OHNONA, AVY

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

18100 W. DIXIE HEY

Suite, Apt. #, Etc.

201

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

REGISTERED AGENT MUST SIGN

Date

10/19/09

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 HEY	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 #

10/19/09

FILED

09 OCT 23 AM 9: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2009

300162071609
10/23/09--01024--004 **150.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/04

5. FEI Number

83-0409577

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.