

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 SEP 10 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700135649957
09/10/08--01028--002 **450.00

DOCUMENT #

P04000036237

1. Corporation Name

ASHA H. FERNANDO
ENTERPRISES, INC

2. Principal Office Address - No P.O. Box #

6413 DOUBLETRACE LN 6413 DOUBLETRACE LN

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32819

Country

U.S.A

Zip

32819

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02.25.04

5. FEI Number

20-0806693

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 ASHA H. FERNANDO

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

6413 DOUBLE TRACE LN

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

☒ 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

ASHA H. FERNANDO

Date 09.08.08

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
PRESIDENT	ASHA H FERNANDO	6413 DOUBLETRACE LN	OR FL 32819

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:

ASHA H. FERNANDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09.08.08

Date

407 267 7777

Daytime Phone #

9/10/08