

2005 FOR PROFIT CORPORATION REINSTATEMENT

New address P 182

DOCUMENT # P04000041262

1. Entity Name
ASCAN GROUP, INC.



Mr. William Hawkins
2405 S. Radcliffe Pl.
Bradenton, FL 34207

Principal Place of Business

1721 REDWOOD ST
SARASOTA, FL 34231

Mailing Address

1721 REDWOOD ST
SARASOTA, FL 34231

2. Principal Place of Business

2405 South Radcliffe Pl

Suite, Apt. #, etc.

Bradenton FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

Mr. William Hawkins
2405 S. Radcliffe Pl.
Bradenton, FL 34207



Zip

Country

10312005

REIN-P

CR2E098 (6/04)

4. FEI Number

30-0246591

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, SCOTT
1223 S TAMiami TRAIL
STE B
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
17	Mr. William Hawkins	2405 S. Radcliffe Pl.	Bradenton, FL 34207	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	400061143554	11/03/05--01052--004	**150.00	<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	T. Roberts			<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 05

T. Roberts NOV. 04 2005

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

05 NOV -3 PM 05:05V -3

FILED

FILE

10/26/05

941-587106

PS 272

William C. Hawkins
D.B.A. The Ascan Group
2405 S. Radcliffe PL.
Bradenton, FL. 34207
941-587-1064

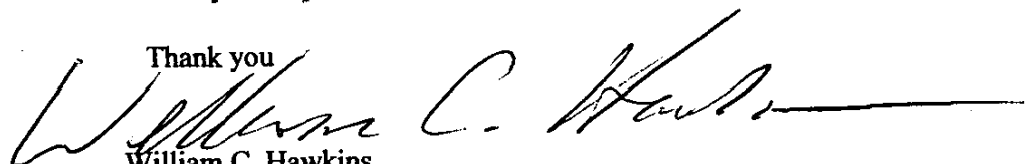
October 31, 2005

Division Of Corporations
P.O. BOX 6327
Tallahassee, FL. 32314

To whom it may concern.

On October 25, 2005 I discovered that my corporation was suspended.
I had never received any paperwork requiring me to make the annual report.
I spoke to a representative of yours and he told me to write this letter
and send you your money.

Please call me if there are any more problems.

Thank you

William C. Hawkins