

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000113670

1. Corporation Name

Ashoretree Services, Inc.

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

5401 Collins Ave.

3. Mailing Office Address

5401 Collins Ave.

Suite, Apt. #, etc.

349

Suite, Apt. #, etc.

349

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33140

Country

USA

Zip

33140

Country

USA

400189098184
12/29/10--01033--006 **750.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

August 03, 2004

5. FEI Number

331113936

☐ 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

Sumair Mitroo

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

5401 Collins Ave.

Suite, Apt. #, Etc.

349

City

Miami Beach

State

FL

Zip Code

33140

REINSTATEMENT

2010

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

Sumair Mitroo

REGISTERED AGENT MUST SIGN

Date 12/28/2010

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	Sumair Mitroo	5401 Collins Ave., Ste. 349	Miami Beach, FL 33140
D	Sumair Mitroo	5401 Collins Ave., Ste. 349	Miami Beach, FL 33140
			S. HAWKES
			302010
			EXAMINER

10. E-mail Address: sumair@ashoretrees.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Sumair Mitroo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/10

Date

305-898-3734

Daytime Phone #