


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 09 JUN 23 AM 10:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA 100157684161 06/24/09--01031--009 **750.00 05-09 REINSTATEMENT CR2E081 (12/08)
DOCUMENT # P04000153007			
1. Corporation Name Abney Ashwick Holdings Group Inc.			
2. Principal Office Address - No P.O. Box # 8740 Crestgate Cir Suite, Apt. #, etc. B1 City & State Orlando, FL Zip 32819 Country Orange		3. Mailing Office Address 8740 Crestgate Cir Suite, Apt. #, etc. B1 City & State Orlando, FL Zip 32819 Country Orange	
7. Name and Address of Current Registered Agent Name Kietta M Gamble Street Address (P.O. Box Number is Not Acceptable) 8740 Crestgate Cir Suite, Apt. #, Etc. City Orlando State FL Zip Code 32819		4. Date Incorporated or Qualified To Do Business in Florida 11/04/2004 5. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> 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 Kietta M Gamble Date 6/22/09 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	Kietta M Gamble	8740 Crestgate Cir	Orlando, FL 32819
CEO	Sammy Gamble III	8740 Crestgate Cir	Orlando, FL 32819
TRE	Tunesia Hunter	5595 Sterling Way	Lawland, FL 33810
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: Kietta M Gamble Date 6/22/09 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			