

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P04000171769

1. Corporation Name

A.S.H. Restoration Specialist Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 25 AM 10:33

000117726540
02/11/08--01048--015 **410.00

CR2E081 (12/07)

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

621 SW 77th TERR

Suite, Apt. #, etc.

3. Mailing Office Address

621 SW 77th TERR

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

Zip

32607

Country

U.S.A

City & State

GAINESVILLE FL

Zip

32607

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

1-3-2005

5. FEI Number

432069575

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

HECTOR E. RIVAS

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

621 SW 77th TERRACE

Suite, Apt. #, Etc.

City

GAINESVILLE, FL

State

FL

Zip Code

32607

☒ 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

Hector E. Rivas

Date

2/6/2008

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	Hector E. Rivas	621 SW 77th TERR	GAINESVILLE, FL 32607
VP	ALLAN E. RIVAS	621 SW 77th TERR	GAINESVILLE, FL 32607
	ALLAN E. RIVAS	621 SW 77th TERR	GAINESVILLE, FL 32607
	ALLAN E. RIVAS	621 SW 77th TERR	GAINESVILLE, FL 32607

REINSTATEMENT 06-08 B 2/26/08
000117726540
03/16/08--01017--001 **49.00

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:

Hector E. Rivas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/6/2008

Daytime Phone #