

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR - 4 PM 2:43

DOCUMENT # P05000092235

1. Corporation Name

ASHI MENDELSON, P.A.

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

828 SPINNAKER DRIVE E

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 800801

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

AVENTURA FL

Zip

33019

Country

US

Zip

33280

Country

US

900171173929
03/04/10--01002--009 **600.00

REINSTATEMENT 07-10

KS

4. Date Incorporated or Qualified
To Do Business in Florida 06/28/2008

5. FEI Number
20-3070880

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

ASHI MENDELSON

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

828 SPINNAKER DRIVE E

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33019

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

REGISTERED AGENT MUST SIGN

Date

2/25/10

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	ASHI MENDELSON	828 SPINNAKER DRIVE E	HOLLYWOOD FL 33019

10. E-mail Address: MENDELSON79@AOL.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:

ASHI MENDELSON

2/25/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #