

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000097226

1. Entity Name
ASHARI INVESTMENTS, INC.



FILED

2007 NOV 16 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10042007 REIN-P CR2E098 (1/07)

Principal Place of Business
6891 SW 29TH STREET
MIRAMAR, FL 33023

Mailing Address
6891 SW 29TH STREET
MIRAMAR, FL 33023

2. Principal Place of Business - No P.O. Box #
1001 NW 78th Terrace
Suite, Apt. #, etc.

3. Mailing Address
1001 NW 78th Terrace
Suite, Apt. #, etc.

City & State
Plantation Florida

City & State
Plantation Fla. 33322

Zip
33322

Country
Boulevard

Zip
33322

Country
Boulevard

4. FEI Number
030600745

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BROWN, GUIES
6891 SW 29TH STREET
MIRAMAR, FL 33023

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 *Guies Brown* 10-4-2007
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, 2008, 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, GUIES			NAME			
STREET ADDRESS	6891 SW 29TH STREET			STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR, FL 33023			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Guies Brown* Oct 4th 2007 (954 501 6974)
Signature and typed or printed name of signing officer or director Date Daytime Phone #