

**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)

2. Principal Place of Business No P.O. Box #
1001 NW 78th Terrace

Mailing Address
6891 SW 29TH STREET
MIRAMAR, FL 33023

3. Mailing Address
1001 NW 78th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Plantation Florida

City & State
Plantation FL 33322

Zip 33322

Country BODWARD

Zip 33322

Country BODWARD

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

7. Name and Address of New Registered Agent

BROWN, GUIES
6891 SW 29TH STREET
MIRAMAR, FL 33023

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

Signature, typed or printed name of registered agent and title if applicable.

10-4-2007

(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 NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, GUIES 6891 SW 29TH STREET MIRAMAR, FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600112389406 11/19/07--01003--003 *\$150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(12) 20