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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 NOV 18 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000137145

1. Corporation Name

WK Ashley Manager Corp.

300138034473
11/18/08--01007--015 **150.00

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

110 HILLSIDE BLVD.

Suite, Apt. #, etc.

SUITE 10

City & State

LAKEWOOD, N.J.

Zip

08701

Country

U.S.A.

3. Mailing Office Address

110 HILLSIDE BLVD.

Suite, Apt. #, etc.

SUITE 10

City & State

LAKEWOOD, N.J.

Zip

08701

Country

U.S.A.

CR2E081 (10/06)

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/06

5. FEI Number

20-8636205

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

United Corporate Services, Inc.

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

9200 South Dadeland Blvd.

Suite, Apt. #, Etc.

Ste. 508

City

Miami

State

FL

Zip Code

33156

☒ 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

Robert F. Lehmey - Vice President

Date November 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
Sec.	JULIAN BLUMENTHAL	110 HILLSIDE BLVD, SUITE 10	LAKEWOOD, N.J. 08701

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:

Julian Blumenthal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/08
Date

732-367-7244
Daytime Phone #

JC 11/19

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WK Ashley, LLC
110 Hillside Blvd. Suite 10
Lakewood, N.J. 08701
732.367.7244
www.wkholdings.net

November 12, 2008


To Whom It May Concern:

Attached, please find a reinstatement form for WK Ashley *Manager Corp.*

This is to inform you that we did not receive any reminder to file the annual reports for WK Ashley Manager Corp. This may possibly be due to the relocation of our corporate offices at the beginning of this year. I am, therefore, requesting a waiver of the reinstatement fee.

Thank you for your consideration in this matter.

Sincerely,


Julian Blumenthal