

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 30 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000027556

1. Corporation Name

AST Warehousing Inc.

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

999 Vanderbilt Beach Road

3. Mailing Office Address

999 Vanderbilt Beach Road

Suite, Apt. #, etc.

Suit 200

Suite, Apt. #, etc.

Suit 200

City & State

Naples, FL

City & State

Naples, FL

Zip

34108

Country

US

Zip

34108

Country

US

600164067246
12/30/09--01042--010 **308.75

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

Mar 1 2007

5. FEI Number

20-8616616

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

Conrad Kulatz, Esquire

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

633 SE 3rd Ave

Suite, Apt. #, Etc.

Suit 4R

City

Fort Lauderdale

State

FL

Zip Code

33301

☒ 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

Date 12-29-09

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 | Darren Miele | 999 Vanderbilt Beach Road | Naples, FL 34108 |
| S | Darren Miele | 999 Vanderbilt Beach Road | Naples, FL 34108 |
| T | Darren Miele | 999 Vanderbilt Beach Road | Naples, FL 34108 |
| | | | |
| | | | |
| | | | |

10. E-mail Address:

dmiele@astnyc.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/09

Daytime Phone #

800-506
6553