

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 MAY -3 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12000082449

1. Corporation Name

Aspen Services, Inc.

01/30/13 61523 011 \$ 145.88

000247591770

05/03/13--01032--005 **\$43.75

CR2E081 (11/10)

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

430 Troon Circle

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 135156

Suite, Apt. #, etc.

City & State

Davenport, FL

City & State

Clermont, FL

Zip

33897

Country

USA

Zip

34713

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida
9/28/2012

5. FEI Number

46-1118203

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jodi L. Wood

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

340 Troon Circle

Suite, Apt. #, Etc.

City

Davenport

State

FL

Zip Code

33897

REINSTATEMENT 2013

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

Jodi L. Wood

REGISTERED AGENT MUST SIGN

Date 5/1/2013

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 | John K. Wood | 340 Troon Circle | Davenport, FL 33897 |
| S/T | Jodi L. Wood | 340 Troon Circle | Davenport, FL 33897 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: jodi@ramstripping.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Jodi L. Wood

Jodi L. Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2013

412-475-1028

Date

Daytime Phone #