FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 25 PM 4:27

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

200004657802--5
-10/29/01--01080--011
****900.00 ****900.00

DOCUMENT # P93000088637

1. Corporation Name: Ashley-Nicole Enterprises Inc.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
3101 N 12 ave	PO Box 9455 Pen Fl 32513
Suite, Apt. #, etc.: NA	Suite, Apt. #, etc.: NA
City & State: Pensacola Florida	City & State: Pensacola Florida
Zip: 32503 Country: Esca.	Zip: 32513 Country: Esca

4. Date Incorporated or Qualified To Do Business in Florida: 1/1/1994

5. FEI Number: 59 3216287 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required for certified copy of certificate of status

7. Name and Address of Current Registered Agent

Name: Vincent Reavis
Street Address (P.O. Box Number is Not Acceptable): 3101 N 12 Ave
Suite, Apt. #, Etc.: Pensacola
City: Pensacola Fl — State: FL — Zip Code: 32503

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: 10/24/01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
president	Vincent Reavis	3101 N 12 Ave ~~Pens Fl~~	Pens. Fl. 32513

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 under section 119.07(3)(i), 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: Vincent Reavis — 10/24/01 — 850 469 0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #