

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

20 JUL 12 AM 8:14

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000049349

1. Corporation Name

5-ASH GROUP, INC.

Principal Place of Business

616 ORBY STREET 76 E
PENSACOLA FL 32534

Mailing Address

616 ORBY STREET
PENSACOLA FL 32534

200002939132--1
-07/22/99--01088--020
***1350.00 ***1350.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT DO NOT WRITE IN THIS SPACE

95-99

2. New Principal Office Address, If Applicable

196 E. NINE MILE RD.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

07/01/1994

5. FEI Number

59-3157320

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	FIVEASH, JAMES B	2550 STONEGATE DRIVE 616 ORBY ST.	TALLAHASSEE FL 32308 PENSACOLA, FL. 32534
D	FIVEASH, SARA G	2550 STONEGATE DRIVE 616 ORBY ST.	TALLAHASSEE FL 32308 PENSACOLA, FL. 32534
D	FIVEASH, T. GARY	1090 KINGSLEY DRIVE 1424 405 TWIN BAY DRIVE	CANTONMENT FL 32538 PENSACOLA, FL. 32534
D	FIVEASH, P. RANDY	1011 MAIN STREET 1682 EAGLE TERRACE	DURANGO CO 81401 PENSACOLA FL. 32534 CANTONMENT FL. 32533

8. Name and Address of Current Registered Agent

FIVEASH, SARA G
616 ORBY STREET
PENSACOLA FL 32534

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Sara G. Fivash

Date 7-8-99

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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. 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:

Sara G. Fivash

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/99

Date

484-1957

Daytime Phone #

CR2E040 (6/95)