

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR -1 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000044826

1. Corporation Name

Ashcraft Architectural Stone Systems, Inc

2. Principal Office Address

5600 Briarcliff Rd

Suite, Apt. #, etc.

City & State

Ft Myers, FL

Zip  
33912

Country  
Lee

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-06  
GR25081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida 05-20-1996

5. FEI Number  
65-0685976

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  
Patrick A Ashcraft

Street Address (P.O. Box Number is Not Acceptable)  
5600 Briarcliff Rd

Suite, Apt. #, Etc.

City  
Ft Myers

State  
FL

Zip Code  
33912

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

REGISTERED AGENT MUST SIGN

Date

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
PST	Patrick A Ashcraft	5600 Briarcliff Rd	Ft Myers, FL 33912

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-06

**ASHCRAFT ARCHITECTURAL STONE SYSTEMS, INC**  
**5600 BRIARCLIFF ROAD**  
**FT. MYERS, FL 33912**  
**239-466-8114**

2052

February 16, 2006

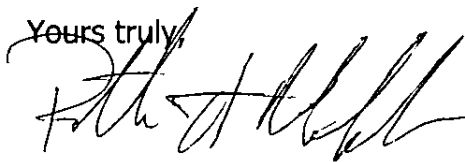
Re: Ashcraft Architectural Stone Systems, Inc  
P96000044826

To Whom It May Concern:

We would like to reinstate the above mentioned company. We never received the Annual Report Notice's from the Florida Department of State, therefore we request that you waive the reinstatement fees.

Please do not hesitate to contact me if you have any questions regarding this matter.

Yours truly,



Patrick Ashcraft  
President