

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 23 AM 8:56

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

100103100181
05/23/07--01021--006 **2250.00

REINSTATEMENT 97-07

DOCUMENT # P960000 86213

1. Corporation Name

ASHLYND OF TAMPA INC.

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

1430 E. 7TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1430 E. 7TH AVE

Suite, Apt. #, etc.

City & State

TAMPA FL.

City & State

TAMPA FL.

Zip

33605

Country

Hillsborough

Zip

33605

Country

Hillsborough

7. Name and Address of Current Registered Agent

Name

TIMOTHY K. BOOTH

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

9320 SHEVANDOEAK RD.

Suite, Apt. #, Etc.

City

Wesley Chapel FL.

State

FL

Zip Code

33544

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

Timothy K. Booth

REGISTERED AGENT MUST SIGN

Date 5/21/07

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
Pres S.T.	TIMOTHY K. BOOTH	9320 SHEVANDOEAK RD	Wesley Chapel FL. 33544
V.P.	ASHLEY E. BOOTH	9320 SHEVANDOEAK RD	Wesley Chapel FL. 33544

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:

Timothy K. Booth TIMOTHY K. BOOTH 5/21/07 913-241-2128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #