

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 996000091898

1. Corporation Name

ASHLEY HOLDINGS, Inc.  
W99-26099

Principal Place of Business

Mailing Address

30900 TELEGRAPH ROAD  
BINGHAM FARMS, MI 48025

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

383352650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED

99 NOV 22 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99

SP

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	Remo POLSELLI	SAME AS ABOVE	

000003070980--2  
-12/15/99-01054-004  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

LARRY ROTHENBERG  
2424 N. FEDERAL Hwy, #455  
BOCA RATON, FL  
33431

9. Name and Address of New Registered Agent

Name CARL E. PATRICK, Esq  
Street Address (P.O. Box Number is Not Acceptable)  
6823 OLD KANCH RD  
Suite, Apt. #, Etc.  
SARASOTA  
City SARASOTA  
State FL  
Zip Code 34241

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

REGISTERED AGENT MUST SIGN

Date

11/2/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/99 941-924-6677

Date

Daytime Phone #

CR2001 (12/98)