

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -5 PM 2: 03

DOCUMENT # P96000091898

1. Entity Name
ASHLEY HOLDINGS, INC.



Principal Place of Business
30900 TELEGRAPH ROAD
STE 100
FARMINGTON, MI 48334

Mailing Address
30900 TELEGRAPH ROAD
STE 100
FARMINGTON, MI 48334

REINSTATEMENT 04-05



2. Principal Place of Business
30095 Northwestern Hwy.

3. Mailing Address
30095 Northwestern Hwy.

Suite, Apt. #, etc.
#300

Suite, Apt. #, etc.
#300

07192005 REIN-P CR2E098 (6/04)

City & State
Farmington Hills, MI

City & State
Farmington Hills, MI

4. FEI Number
38-3352650

Applied For
Not Applicable

Zip 48334 Country U.S.A.

Zip 48334 Country U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAY, PETER ESQ.
C/O COHEN, NORRIS, SCHERER, WEINBERGER
712 US HIGHWAY ONE STE 400
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name Lloyd Falk, Esq.

Street Address (P.O. Box Number is Not Acceptable)
600 S. W. 4th Avenue

City Ft. Lauderdale FL Zip Code 33315

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lloyd Falk* DATE 8/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KARCHO-POLSELLI, HANNA
STREET ADDRESS 30095 NORTHWESTER HWY STE 300
CITY-ST-ZIP FARMINGTON, MI 48334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600058302566
CITY-ST-ZIP 08/05/05--01064--002 **750.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600058302566
CITY-ST-ZIP 08/05/05--01064--003 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Hanna Karcho* DATE 7-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR