

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
W-02UBR
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 22 PM 4:00

DOCUMENT # *P96000104176*

1. Corporation Name

ASHLEY'S GOURMET COFFEE, INC.

2. Principal Office Address

12042 N.W. 50TH DRIVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33076

Country

3. Mailing Office Address

12042 N.W. 50TH DRIVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33076

Country

400005081324--1

-03/11/02--01073--010

******450.00 ****450.00**

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/01/97

5. FEI Number

65-0716073

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

HAROLD ROSEMAN

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

12042 N.W. 50TH DRIVE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33076

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

Harold Roseman

Date

REGISTERED AGENT MUST SIGN

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
<i>P, D</i>	<i>HAROLD ROSEMAN</i>	<i>12042 N.W. 50TH DRIVE</i>	<i>CORAL SPRINGS, FL 33076</i>
<i>D</i>	<i>MARIA ROSEMAN</i>	<i>12042 N.W. 50TH DRIVE</i>	<i>CORAL SPRINGS, FL 33076</i>
			<i>AD</i>

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 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:

Harold Roseman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

-2-

SADOFF, RASKIN & ASSOCIATES, P.A.

Certified Public Accountants

INTERCONTINENTAL PROFESSIONAL CENTER

1535 NORTHPARK DRIVE - SUITE 101

WESTON, FLORIDA 33326

MEMBERS:

AMERICAN INSTITUTE OF C.P.A.'s
FLORIDA INSTITUTE OF C.P.A.'s

PHONE: (954) 385-3332

FAX: (954) 385-6464

January 29, 2002

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Ashley's Gourmet Coffee, Inc.
Document No: P96000104176

To Whom It May Concern:

Pursuant to our telephone conversation today, we have enclosed a Corporation Reinstatement Form along with a check in the amount of \$450.00.

Please be advised that this company had changed their mailing address during 1999 along with the Registered Agent. Due to the change of address, the company never received their original Uniform Business Report, and therefore, did not file their report for the years 2000 and 2001. We respectfully request that the penalty not be assessed and that the \$450.00 payment enclosed to be used to cover the cost of the years 2000, 2001 and 2002.

Thank you in advance for your consideration in this matter. Please feel free to contact us if you need additional information.

Sincerely,
Sadoff, Raskin & Associates, P.A.



Fred R. Sadoff
Certified Public Accountant