PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 FEB 28 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # P97000014371

1. Corporation Name

Aspen Corporation

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3508 Bobwood Drive	3508 Bobwood Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Saint Augustine	City & State: Saint Augustine
Zip: 32086 Country: USA	Zip: 32086 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/13/1997

5. FEI Number: 650747952 ☐ 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: William E. Doyle EESQ

Street Address (P.O. Box Number is Not Acceptable): 2121 Corporate Square Blvd

Suite, Apt. #, Etc.: Suite 124

City: Jacksonville State: FL Zip Code: 32216

600257310886
02/28/14--01038--029 **900.00

600257310886
02/28/14--01038--028 **600.00

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 _____ Date 02/22/14

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
D/P President	Allen J. Greene	8641 Marlamoor Lane	West Palm Beach / FL / 33412
T Treasurer	William P. Seaverns Jr.	3508 Bobwood Drive	St. Augustine / FL / 32086

FEB 28 2014
M WILLIAMS

10. **E-mail Address:** williamseaverns@bellsouth.net
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: William P. Seaverns Jr. · William P. Seaverns Jr. 02/22/2013 904-716-0240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #