

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 MAY -5 PH 4:09

DOCUMENT # P97000034225

1. Corporation Name

PARMENTER ASHFORD, INC.

Principal Place of Business

Mailing Address

501 BRICKELL KEY DR., STE. 509 MIAMI FL 33131

501 BRICKELL KEY DR., STE. 509 MIAMI FL 33131



REINSTATEMENT 99:00

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; 4. Date Incorporated or Qualified To Do Business in Florida; 5. FEI Number; 6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Darryl W. Parmenter and Andrew Weiss.

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8. Name and Address of Current Registered Agent; 9. Name and Address of New Registered Agent

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 10/26/99

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. SIGNATURE: DARRYL W. PARMENTER; Date 10/26/99; Daytime Phone #

CR22E040 (8-99)