

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1432

APPLICATION FOR

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000054187

1. Corporation Name

A. POND, INC.

Principal Place of Business

1018 FAIRFIELD MEADOWS DR  
WESTON FL 33327  
US

Mailing Address

1018 FAIRFIELD MEADOWS DR  
WESTON FL 33327  
US



2002 UBR

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

06/19/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2323290

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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	4 City / State / Zip
P	POND, ASHTON	1018 FAIRFIELD MEADOWS DR	WESTON FL 33327

700008637567  
10/28/02--01125--014 \*\*150.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL-33324

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc: \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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. or 617.0505, F.S.

Signature of Registered Agent

*Anne Boutilier*

ANNE BOUTILIER  
ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN

Date

11-12-02

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., 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:

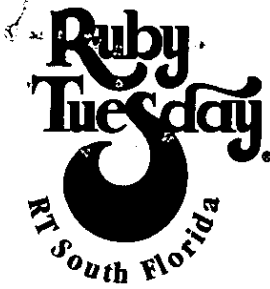
*Ashton Pond*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/12 954 873 7663

CR2E040 (8/02)



Ashton Pond

**RUBY TUESDAY SOUTH FLORIDA**

1018 Fairfield Meadows Dr. • Weston, Florida 33327 • 954.389.2253 • Fax 954.389.8358

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To Whom It May Concern ,

Please accept my application for reinstatement. I want to assure you that I did not receive the two described notices of reminder to stay active. I absolutely would have reacted immediately.

After speaking to Michelle in your office , I am writing this letter to inform you that I did not receive these , and am requesting that you waive the 600 dollar fee. I would also appreciate you verifying the address .. so next year I can be timely.

Thanks for your understanding.

M. Ashton/Pond

A handwritten signature in black ink, appearing to be "M. Ashton/Pond". The signature is written in a cursive style with a large, looping flourish at the end.