

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

01 JUN -8 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000109076**

1. Corporation Name

ASTON ENTERTAINMENT GROUP, INC.

2. Principal Office Address

6408 Parkland Dr.

Suite, Apt. #, etc.

Ste. 104

City & State

Sarasota, Florida

Zip

34243

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida **Filed 12-31-97**
Effective 1-1-98

5. FEI Number

06-1528383

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

Anthony R. Asfur

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

6408 Parkland Dr.

Suite, Apt. #, Etc.

ste. 104

City

Sarasota

State

FL

Zip Code

34243

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/7/01

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
Pres.	Anthony R. Asfur	6902 Chickasaw Bayou	Bradenton, FL 34203
V. Pres.	Dale J. Sexton	10334 Palmbrooke Terr	Bradenton, FL 34202
Dir	Ed Nosko	20778 W. Chartwell Dr.	Kildeer, IL 60047
Dir	Grace Nosko	20778 W. Chartwell Dr.	Kildeer, IL 60047
Dir	Art Kraus	84 Owen Blvd.	Toronto, Ontario M2P 1G5
Dir	Jeffrey Rabin	8980 S.W. 117th St.	Miami, FL 33176

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/01
Date

941 255-6793
Daytime Phone #