PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

P97000109076 DOCUMENT #

1. Corporation Name

2. Principal Office Address

Duren

マルヘン

ASTON ENTERTAINMENT GROUP, INC.

3. Mailing Office Address

FILED

02 OCT 15 AM 10: 19

SECRETARY OF STATE TALLAHASSEE, FLOOR

REINST	A	TE	ME	NT	
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TIOE KINDE COOP BLAD.			LIF HAD I'V BOALD			
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State		Suite, Apt. #, etc.				
		4. Date Incorporated or Qualified To Do Business in Florida - - 98				
	ON, FLOWIDA	City & State	MA	5. FEI Number 06-152 8383	Applied Fo	
3420Z	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED	Not Applica 7.75 Additional Fee req for a Certificate of Stat	
		7. Name	and Address of Current F			
Name	DALE J. S	EXTON				
Street Ad	dress (P.O. Box Number is N 7102 RIVEX	lot Acceptable) CLUK 80	LVD.	1000087050	101	
Suite, Apt	t. #, Etc.			10/30/0201108016	**750.0 *	
City	SILKDENTON			State Zip Code FL 34720	7	

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

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	
V.P.	DATE J. SEXTON	7102 RIVER CLUB BLUD.	BRADONTON, FZ 34202	
DIR	ED NOSKO	ZOTTS W. CHANTWELL DINUE		
DIK	GRACE NOSKO	20778 W. CHANGWELL Dr.	KILDEEK, IL. 60047	
DIR	ANT KIUNIS	84 OWEN BLVD	TORONTO, ONT. CANADA	
DIR	JEFFREY RABIN	8980 S.W. MI17™ ST.		
DIR	DAVE NICHOLS	1 S. SCHOOL NE - SUITE 1000		

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 filling 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 acculate, 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