

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 FEB 28 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98 0000 32721

1. Corporation Name

Ashen Assets, Inc.

700093729577
03/19/07--01032--020 **1050.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

2800 S.W. 3rd Ave.

3. Mailing Office Address

2800 S.W. 3rd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33129

Country

USA

Zip

33129

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

04/09/1998

5. FEI Number

65-0829395

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

John C. Malloy, III

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

2800 SW 3rd Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33129

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Feb. 22, 2007

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
P	John C. Malloy, III	2800 SW 3rd Avenue	Miami, FL 33129
ST	Jennie S. Malloy	2800 SW 3rd Avenue	Miami, FL 33129

REINSTATEMENT 05-07

B 4 21/07

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 contained in Chapter 119, 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] Jennie S. Malloy 2/22/07 305-858-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #