

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 29 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000098801

1. Corporation Name

ASHLAND HOMES, INC.

2. Principal Office Address
665 Harold Avenue

3. Mailing Office Address
665 Harold Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip
32789

Country
USA

Zip
32789

Country
USA

10/30/02--01014--006 **1050.00

REINSTATEMENT 00 - 02

**4. Date Incorporated or Qualified
To Do Business in Florida** 11/10/1999

5. FEI Number
59-3609130

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
DIVINE, RUSSELL W.

Street Address (P.O. Box Number is Not Acceptable)
24 S. Orange Avenue

Suite, Apt. #, Etc.
Suite 203

City
Orlando

State
FL

Zip Code
32801

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

Date October 22, 2002

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/D	Nader, Michael A.	665 Harold Avenue	Winter Park, FL 32789
V/T	Nader, Amy S.	665 Harold Avenue	Winter Park, FL 32789

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:

Michael A. Nader

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02

Date

(407) 622-7100

Daytime Phone #

9/11/5/02