

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 27 AM 8:46

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002936

1. Corporation Name

ASHLEY WORLDWIDE, INC

900152860179
04/27/09--01032--019 ***450.00

REINSTATEMENT 07-09ks
CR 20081 (12/08)

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

229 RED COACH DRIVE

Suite, Apt. #, etc.

SUITE 103

City & State

MISHAWAKA, IN

Zip

46545

Country

USA

3. Mailing Office Address

229 RED COACH DRIVE

Suite, Apt. #, etc.

SUITE 103

City & State

MISHAWAKA, IN

Zip

46545

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

AUGUST, 1960

5. FEI Number

35-1053410

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TERRY L. GERBER

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

10077 IDLE PINE LANE

Suite, Apt. #, Etc.

City

BONITA SPRINGS

State

FL

Zip Code

34135

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

REGISTERED AGENT MUST SIGN

Date APRIL 23, 2009

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	TERRY L. GERBER	10077 IDLE PINE LANE	BONITA SPRINGS, FL 34135
SECR	NANCY D. GERBER	61330 CROOKED CREEK RD	CASSOPOLIS, MI 49031
DIR	DERON M. GERBER	229 RED COACH DR-STE 103	MISHAWAKA, IN 46545

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:

TERRY L. GERBER

APRIL 23, 2009

800-437-2371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #