

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



FILED

JUN 12 AM 8:14

STATE OF FLORIDA

DOCUMENT # **P94000049349**

1. Corporation Name
5-ASH GROUP, INC.

200002939132--1
-07/22/99--01088--020
***1350.00 ***1350.00

Principal Place of Business: **618 ORBY STREET 76E PENSACOLA FL 32534**
Mailing Address: **616 ORBY STREET PENSACOLA FL 32534**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 95-99

2. New Principal Office Address, If Applicable 196 E. Nine Mile Rd. Suite #, Apt. #, etc.	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 07/01/1994
City & State PENSACOLA FL	City & State	5. FEI Number 59-3157320
Zip 32534	Country ESCAMBIA	Country

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	FIVEASH, JAMES B	2550 STONEGATE DRIVE 616 ORBY ST.	TALLAHASSEE FL 32308 PENSACOLA, FL. 32534
D	FIVEASH, SARA G	2550 STONEGATE DRIVE 616 ORBY ST.	TALLAHASSEE FL 32308 PENSACOLA, FL. 32534
D	FIVEASH, T. GARY	1090 KINGSLE DRIVE 405 TWIN BAY DRIVE	CANTONMENT FL 32538 PENSACOLA, FL. 32534
D	FIVEASH, P. RANDY	1011 MAIN STREET 1682 EAGLE TERRACE	DURANGO CO 81001 PENSACOLA FL. 32534 CANTONMENT FL. 32533

8. Name and Address of Current Registered Agent FIVEASH, SARA G 616 ORBY STREET PENSACOLA FL 32534	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *Sara G. Fivash* Date: **7-8-99**
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I hereby 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 the information on 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. and that all fees owed by the corporation have been paid. 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: *Sara G. Fivash* Date: **7/8/99** 484-7957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (6/95)