

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K32353**

1. Corporation Name

ALL SEASONS, INC.

Principal Place of Business

1001 71ST NW
BRADENTON FL 34209
US

Mailing Address

PO BOX 14453
BRADENTON FL 34280
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

03

Is the Corporation or Qualified
To Do Business in Florida

09/02/1988

5. FEI Number

65-0086110

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	COWHERD, ALAN R.	1001 71ST ST, N.W.	BRADENTON FL

600024334846

10/31/03--01058--021 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WYETTER, DONALD~~
1111 - 9TH AVENUE WEST
SUITE B
BRADENTON FL 34205

Name **DONALD W. YETTER**

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

1111 - 9th Avenue West

Suite, Apt. #, Etc.

SUITE B

City

Bradenton

State

FL

Zip Code

34205

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Registered Agent

Date

11/17/2003
10-29-03

11. 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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

10-29-03 (941) 792-2336
Date Daytime Phone #