

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 of 2

FILED

03 DEC -5 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96-000047721

1. Corporation Name
A-ALL PORPOISE SERVICES, INC.

2. Principal Office Address
441 SE 6 AVENUE

Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL

Zip Country
33060 US

3. Mailing Office Address
7777 GLADES ROAD

Suite, Apt. #, etc.
SUITE 209

City & State
BOCA RATON, FL

Zip Country
33434 US

300025255973
12/05/03--01040--014 **150.00

03

4. Date Incorporated or Qualified
To Do Business in Florida 5/31/96

5. -FEI Number 65-0677602 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
ROBERT F MAHONEY, PA

Street Address (P.O. Box Number is Not Acceptable)
7777 GLADES ROAD

Suite, Apt. #, Etc.

SUITE 209

City
BOCA RATON, FL 33434

State Zip Code
FL

~~REINSTATEMENT~~

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 12/2/03

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
PD	JOHN WILDE	441 SE 6 STREET	POMPANO BCH, FL 33060
S	MARK TROENDLE	441 SE 6 STREET	POMPANO BCH, FL 33060

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: *[Signature]* JOHN WILDE

12/2/03

954-316-5007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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A-All Porpoise Services, Inc.
441 SE 6th Avenue
Pompano Beach, FL 33060

December 2, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

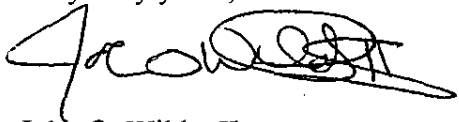
RE: A-All Porpoise Services, Inc.
P96-000047721

Dear Sir or Madam:

Enclosed is the Uniform Business Report (UBR) for the above noted corporation. Please be advised that we did not receive the UBR. Also enclosed is a check in the amount of \$150.

Thank you.

Very truly yours,



John O. Wilde, II
President