PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. pg 1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY -4 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M23685

REINSTATEMENT 05-06

CR2E081 (12/05)

1. Corporation Name
ALL INVESTIGATIONS INC.

2. Principal Office Address	3. Mailing Office Address
1 NE. 2ND AVE	1 N.E. 2ND AVE.
Suite, Apt. #, etc.: #200	Suite, Apt. #, etc.: # 200
City & State: MIAMI, FLA	City & State: MIAMI, FLA.
Zip: 33132 Country: U.S.A.	Zip: 33132 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 11-21-85

5. FEI Number: 59-264 53.52 ☐ 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: ALBERTO M. Fuentes JR.

Street Address (P.O. Box Number is Not Acceptable): 1 NE. 2ND AVE. # 200

400075879224
06/06/06--01023--002 **300.00

Suite, Apt. #, Etc.: #200

City: MIAMI State: FL Zip Code: 33132

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: _____ Date: 4/10/06
REGISTERED AGENT MUST SIGN

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.	ALBERTO M. Fuentes JR.	1 N.E. 2ND AVE. #200	MIAMI, FLA. 33132

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: _____ ALBERTO M. Fuentes 4/10/06 (305) 970-6643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

All INVESTIGATIONS, INC.
THE WHITE BUILDING • SUITE 200
ONE NORTHEAST 2ND AVENUE
MIAMI, FLORIDA 33132

Al Fuentes
President

Office: (305) 539-9009
Phone/Fax: (305) 278-2328 24 hrs.
Pager: (305) 886-9094

6-10-06

To whom it may concern.

Please be advised that the reason for the above corporation non-reporting in the year 2005 is as follows.

1.) President and owner of said corporation did not receive notice of annual report.
2.) President / owner of corporation had moved from mailing address of said corporation due to a divorce situation.
3.) Ex-wife of President / Owner of said corporation failed to pass on notice of annual report to husband and President / Owner of Corporation.

Therefore, President owner of All Investigations respectfully would ask the Division of Corporations of the State of Florida to please waive the reinstatement fee for All Investigations Inc.

Sincerely,