

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -9 PM 2: 20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

242121

1. Corporation Name

ALLYN-MAR INC.,

2. Principal Office Address

12101 Moss Ranch Road

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pinecrest, FL

City & State

same

Zip

33156

Country

U.S.A.

Zip

same

Country

same

4. Date Incorporated or Qualified
To Do Business in Florida

11-21-60

5. FEI Number

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

Allen E. Sherrill

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

12101 Moss Ranch Road

Suite, Apt. #, Etc.

City

Pinecrest,

State
FL

Zip Code

33156

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

Allen E. Sherrill

REGISTERED AGENT MUST SIGN

Date 02/05/ 01

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./ Director	Allen E. Sherrill	12101 Moss Ranch Road	Pinecrest, FL 33156
Secy/ Director	Christine Sherrill	12101 Moss Ranch Road	Pinecrest, FL 33156

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:

Christine Sherrill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine Sherrill

2/05/01

(305) 669-8226

Date

Daytime Phone #