

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 381873

1. Corporation Name
ALLSTATE INDUSTRIES, INC.

99 APR 29 AM 9:07

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
520 NW 165 ST. RD. SUITE 106 MIAMI FL 33169 US
520 NW 165 ST. RD. SUITE 106 MIAMI FL 33169 US



REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country
3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country
PO Box 4602
Hallandale FL
33008-4602 Broward

4. Date Incorporated or Qualified To Do Business in Florida 05/10/1971
5. FEI Number 59-1348038 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
S	WAECHTER, GARY	520 NW 165 ST. RD. 513 Oleander Dr.	MIAMI FL Hallandale 33009
PD	WAECHTER, GARY	520 NW 165TH ST. RD. 513 Oleander Dr.	MIAMI FL Hallandale FL 33009

2000028681023
-05/07/99-0112-025
****908.75 ****908.75

8. Name and Address of Current Registered Agent

WAECHTER, GARY W
520 N.W. 165ND ST. RD.
MIAMI FL 33169

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State Zip Code
513 Oleander Dr.
Hallandale
FL 33009

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 *Gary W Waechter*
REGISTERED AGENT MUST SIGN

Date 4-27-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: *Gary W Waechter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gary W Waechter

954 456 6178
954 454 4115
4-27-99 305 945 4242
Date Printed

CR2E040 (9/98)