

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NOV 13 2001  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-06/13/01--01009--020  
\*\*\*1350.00 \*\*\*1350.00

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #** 389087

**1. Corporation Name**  
Answer All Telephone Secretarial Service, Inc.

**2. Principal Office Address**  
1270 Harbour Island Rd

**3. Mailing Office Address**  
1270 Harbour Island Rd

Suite, Apt. #, etc.  
City & State  
Orlando, Florida

Zip Country  
32809 USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 09/29/1971

**5. FEI Number** 59-1360585  
Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  \$2.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Florida Corporate Support, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
200 E. Robinson Street,  
Suite, Apt. #, Etc.  
Suite 500  
City  
Orlando  
State  
FL  
Zip Code  
32801

**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  
By: *K. Sten Bron* Ass't Sec  
REGISTERED AGENT MUST SIGN  
Date 5/31/01

**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
P, D	Joanne Mueller	1270 Harbour Island Rd.	Orlando, FL 32809
S, T, D	Glenn Mueller	1270 Harbour Island Rd.	Orlando, FL 32809

Handwritten notes in table:  
 - 1200.00 = Adm  
 - 61.25 = ARS  
 - 88.75 = ARS  
 - REINSTATEMENT 970?  
 - mw

**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)(f), 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:** *Joanne Mueller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 5/31/01  
Daytime Phone #

CORP-001 (9/01)

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Answer All Telephone  
Secretarial Service, Inc.

File / SF

- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

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01 JUN -5 AM 11:01  
DIVISION OF CORPORATION

*MAW*

Signature \_\_\_\_\_

Requested by: RC      6-301      11:00  
Name                      Date                      Time

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_