

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 29 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003359

1. Corporation Name

Allnational Financial Corp.

300005491589--8

-05/08/02--01031--031

***300.00 ***300.00

2. Principal Office Address

7840 Glades Rd.

Suite, Apt. #, etc.

275

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33434

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06-01-00

5. FEI Number

58-2551960

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 W. Zankl

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

7840 Glades Road

Suite, Apt. #, Etc.

275

City

Boca Raton,

State

FL

Zip Code

33434

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

4/25/02

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/S/T	Robert W. Zankl	7840 Glades Rd., #275	Boca Raton, FL 33434

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-470-0067

Date

Daytime Phone #

CRZE001 (9/01)

m 5/7/02



ALLNATIONAL FINANCIAL CORP.

April 25, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

To whom it may concern

We did not receive previous Uniform Business Reports for Allnational Financial Corp. Document # F00000003359 for the years 2000 and 2001.

We are requesting that you reinstate AllNational Financial Corporation to active status. We have enclosed a check for filing fees for the years 2000 and 2001 in the amount of \$300.00.

Thank you for your cooperation.

Sincerely,

Robert Zankl
President