

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

1082

FILED

01 OCT 15 AM 9 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000005558

1. Corporation Name

ALLENBEYS.COM, INC.

Principal Place of Business

105 TIMBERLACHEN CIRCLE
LAKE MARY FL 32746

Mailing Address

105 TIMBERLACHEN CIRCLE
LAKE MARY FL 32746

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/2000

5. FEI Number

85-0459038

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CP	COOK, RICHARD	105 TIMBERLACHEN CIRCLE	LAKE MARY FL 32746
VST	COOK, CAROL	105 TIMBERLACHEN CIRCLE	LAKE MARY FL 32746

3008804659773-5

-10/30/01--01088--024

***150.00 ***150.00

8. Name and Address of Current Registered Agent

COOK, RICHARD
105 TIMBERLACHEN CIRCLE
LAKE MARY FL 32746

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10-11-01

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL COOK

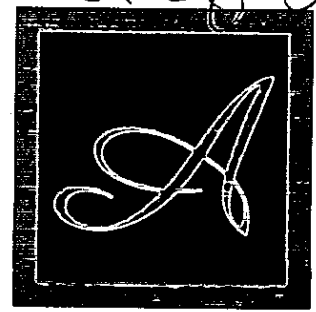
Date

Daytime Phone #

10-11-01 407-330-1031

EX 16

CR2E040 (8/01)



Allenbeys.com, Inc.

October 11, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Corporate Report

Dear Sir or Madam:

In accordance with our telephone conversation with Stacey of your Department, we are enclosing our check for \$150 in payment of the Corporation renewal fee.

As we informed her, we did not receive the original notice nor any reminder notice and we checked with our accountants and attorneys, and they did not receive these either. We have not changed our address, so apparently these must have gone astray.

Thank you for your assistance in this matter.

Sincerely yours,

Carol Cook
Admin

105 Timberlachen Circle
Lake Mary, FL 32746

Voice: 407-330-1031
Fax: 407-330-2119
Email: allenbeys@allenbeys.com
www.allenbeys.com