## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **F0000005558** 

1. Corporation Name

ALLEN	BEYS.COM, INC.			IALLAHASSEE. FLORIDA				
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 the  2. New Principal Office Address, If Applicable  199 HICKMAN Drive  Suite, Apt. #, etc.  City & State		ough incorrect information and enter of 3. New Mailing Office Address, If Suite, Apt. #, etc.  City & State			4. Date Incorporated or Qualified To Do Business in Florida  10/02/2000  5. FEI Number  85-0459038  Applied For Not Applicable			
3a7	Country	Zip	Count		<u></u>	OF STATUS DESIRED S	8.75 Additional Fee required for a Certificate of Status	
7. Names a	2 * 2 * 2 * 2 * 2 * 2 * 2 * 2 * 2 * 2 *		or (Florida nonprofit corporations must list at l Street Address of Ea Officer and/or Direct		 1	City / State / Zip		
CP	COOK, RICHARD 195-TIMBERLAC			CHEN-CIRCLE-	LAKE MARY FL 32746			
VST COOK, CAROL			1 <del>05 TIMBERLACHEN CIRCLE</del>			LAKE MARY FL 32746		
			Sanfor	Hickmand, FL 3	w Drive 327971	00243303 0301032013	341 **150.00	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
COOK, RICHARD  105-TIMBERLACHEN CIRCLE 199 Hickman Drive  LAKE MARY FL 32746  Sanford, FL 32771				Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State Zip Code				
10. I, being	g appointed the registered agent of the about	ove named corpor	ation, am familiar v	with and accept the o	bligations of Secti		005, F.S.	
Registered	Agent	EGISTERED AGE	ENT MUST SIGN	annell Turk		Date 10-21	- <i>U</i> 3	
	that I am an officer or director or the rece							

1. 1 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.

407-330-103

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 01

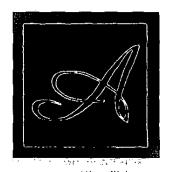
FILED

03 OCT 31 AH 9: 49

SECRETARY OF STATE

Daytime Phone #

CR2E040 (7/03)



Allenbeys.com, Inc.

Ms. Glenda E. Hood Secretary of State **Division of Corporations** PO Box 6327 Tallahassee, Florida 32314

44-34

Dear Ms. Hood,

This is to confirm that we did not receive any prior forms as we had moved and the forms probably went to our former accounting firm. It was only by chance that we got this form.

We would appreciate it if you could reinstate us as soon as possible.

Thank you very much.

Best regards,

Richard Cook

CEO

105 Timberlachen Circle Lake Mary, FL 32746

Voice: 407-330-1031 Fax: 407-330-2119

Email:allenbeys@allenbeys.com