

PS 132

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC 23 11:10:53

**DOCUMENT #**

1. Corporation Name

ALLIED CREDIT SERVICE CO INC  
FO1000001430

2. Principal Office Address

8960 BAY COLONY DR. →

3. Mailing Office Address

→

Suite, Apt. #, etc.

# 1404

Suite, Apt. #, etc.

→

City & State

NAPLES FL. →

City & State

→

Zip

34108

Country

USA →

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

3/15/2001

5. FEI Number

13-3470504

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

CR2E081 (8/05)

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

Name

ALBERT VOGEL

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

8960 BAY COLONY DRIVE

300062585913

01/04/06--01004--014 \*\*300 00

Suite, Apt. #, etc.

1404

City

NAPLES

State

FL

Zip Code

34108

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

*Albert Vogel*

Date

11/15/05

REGISTERED AGENT MUST SIGN

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
PRES	CAROLYN VOGEL	8960 BAY COLONY DRIVE	NAPLES FL 34108

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:

*Carolyn Vogel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/05

Date

239 591-4352

Daytime Phone #

*MW*

282  
ALBERT VOGEL  
Executive Offices:  
(239) 451-4352

*Allied Credit Service Co.*

8960 Bay Colony Drive  
Naples, Fl. 34108

November 1, 2005

Florida Dept. of State  
Div. of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314  
Att: Marquitta Williams

Re: F01000001430

Dear Ms. Williams:

Life for some of us is not all that easy. The only other Corporate employee is my husband who is in his 80's and I am also collecting Social Security. The gentlemen who does our accounting work started his business career with my father in 1948 and has been on our books since 1965.

From the latter part of last year on, the accountant has had a succession of personal reverses. His wife of 50 years died and that necessitated a move of location with all clients paper work. That was followed by hip replacement surgery and extensive therapy.

The bottom line is that our corporate fiscal is June 30 and the annual report form to your office is apparently due annually. To put it plainly, we fell between the cracks.

To substantiate the above, I am attaching a copy of a letter I responded to earlier this year when I had to comply with another form because of his inability to do so at the time.

Understanding and leniency would be much appreciated. There was no payment due and I can only say I am sorry the annual report form was not filed in a timely manner.

It is now attached and I ask that you please take all these extenuating circumstances into consideration.

Very truly yours,

*Carolyn Vogel*  
Carolyn Vogel  
President