


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 SEP 28 AM 9:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA 500060053215 09/28/05--01001--021 **335.00	
DOCUMENT # F02000003669				
1. Corporation Name All State Relocation Services, Inc. REINSTATEMENT 04-05				
2. Principal Office Address 6505 West Park Blvd Suite, Apt. #, etc. Suite 306, PMB 377 City & State Plano, TX Zip 75093		3. Mailing Office Address 6505 West Park Blvd Suite, Apt. #, etc. Suite 306, PMB 377 City & State Plano, TX Zip 75093		
Country USA		Country USA		
		4. Date Incorporated or Qualified To Do Business in Florida 7/17/2002		
		5. FEI Number 27-0020212		
		Applied For Not Applicable		
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Mary Elizabeth M. Browder, P.A.				
Street Address (P.O. Box Number is Not Acceptable) 7479 Northwest 4th Street				
Suite, Apt. #, Etc.				
City Plantation		State FL		
		Zip Code 33317		
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 <i>Mary Elizabeth M. Browder PA</i>		Date 9/2/05		
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	
PSC	Robert A. Peterson	6505 West Park Blvd., Ste. 306 PMB	Plano, TX 75093	
			Notice not received	
			SP	
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: <i>Robert Peterson</i>		Robert Peterson, President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 9-14-05	Daytime Phone # 469-461-500	

CR2E081 (01/05)