

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 23 AM 10:52

~~CORPORATION~~ ~~REINSTATEMENT~~  FLORIDA DEPARTMENT OF STATE
Katherine Tai
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F40318

1. Corporation Name

All Seasons of Pinellas INC
1981

2. Principal Office Address

10287-98th St. No.

3. Mailing Office Address

10287-98th St. No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

Zip

33773

Country

USA.

Zip

33773

Country

USA.

900004562499-7

-08/29/01--01086--001

****300.00 ****300.00

4. Date Incorporated or Qualified
To Do Business in Florida

1981

5. FEI Number

59-2105230

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

John A. Brown Jr.

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

10287-98th St. No.

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33773

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



REGISTERED AGENT MUST SIGN

Date 8-20-01

CR2E081 (9/00)

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
President	John A. Brown Jr	10287-98 th St. No.	Largo FL 33773
VP	"	"	
T	"	"	
S	"	"	
			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.

 President
SIGNATURE: John A. Brown Jr. 8-20-01 727-397-4281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-20-01

To whom it may concern,

I didn't receive any notice for 2000. Please waive all fees. Thank you. I have enclosed a check for \$300.00. Thank you again for everyone's help!

Sincerely,
John Brown