

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

FILED

02 OCT 28 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G82724

1. Corporation Name

ALLIED HOME IMPROVEMENT, INC.

Principal Place of Business

616 W. OAKLAND PARK BLVD.
FT LAUDERDALE FL 33311

Mailing Address

616 W. OAKLAND PARK BLVD.
FT LAUDERDALE FL 33311

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2411143

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FEINBERG, WILLIAM A.	6611 N WOODRIDGE DR	PARKLAND FL
D	FEINBERG, JOSEPH E.	616 W. OAKLAND PARK BLVD.	FT. LAUDERDALE FL

600008636096
10/28/02--01114--021 **150.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VOVA, CINDY S ESQ.
101 S.E. 10TH STREET
FORT LAUDERDALE FL 33316

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

Handwritten signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02 954-564-1611

616 W. OAKLAND PARK BLVD
FORT LAUDERDALE, FLORIDA 33311
(954) 564-1611 FAX (954) 564-1664

ALLIED HOME IMPROVEMENT, INC.

TO: FLORIDA DEPARTMENT OF STATE

FROM: ALLIED HOME IMPROVEMENT, INC.

PLEASE WAIVE THE REINSTATEMENT FEE! WE NEVER RECEIVED ANY PRIOR NOTICE FOR FILING. I CONTACTED THE REINSTATEMENT OFFICE TODAY. THE RECORDS SHOW THE SECOND NOTICE BEING RETURNED UNDELIVERED. WE HAVE BEEN AT THE SAME LOCATION SINCE 1984. AS YOU SHOULD SEE WE HAVE NOT RECEIVED A REINSTATEMENT LETTER IN THE PAST. AS WE HAVE KEPT UP WITH OUR FILING.

I HAVE ENCLOSED THE FILING FEE WITHOUT PENALTY. THANK YOU!

SINCERELY,


JOSEPH E. FEINBERG
VICE PRESIDENT

ALLIED HOME IMPROVEMENT, INC.
"WE TURN DREAMS INTO REALITY"