PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN -2 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K41834

1. Corporation Name ALL OCCASIONS INC

REINSTATEMENT
92-02

2. Principal Office Address	**3.** Mailing Office Address
1280 S. POWERLINE RD	1280 S. POWERLINE RD
Suite, Apt. #, etc. 25/26	Suite, Apt. #, etc. 25/26
City & State POMPANO BEACH, FL	City & State POMPANO BEACH, FL
Zip 33069 Country USA	Zip 33069 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 650075365 ☐ 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: SERGIO PORTILLO
900009782309 01/02/03--01025--026 **8.75

Street Address (P.O. Box Number is Not Acceptable): 1280 S POWERLINE, RD
900009782309 01/02/03--01025--027 **25.00

Suite, Apt. #, Etc.: 25
900009782309 01/02/03--01025--028 **500.00

City: POMPANO BEACH | State: FL | Zip Code: 33069

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: S Portillo
REGISTERED AGENT MUST SIGN

Date: 12/30/02

CR2E081 (9/01)

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	SERGIO PORTILLO	1280 S POWERLINE RD #25	POMPANO BEACH FL 33069
			900009782309 01/02/03--01025--029 **500.00
			900009782309 01/02/03--01025--030 **500.00
			900009782309 01/02/03--01025--031 **500.00

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: S Portillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12/30/02 Daytime Phone #: (954) 822 952

BB