PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 29 AM 10:55

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L01000010810

1. Limited Liability Company's Name
All SERVICES

2. Principal Office Address	3. Mailing Office Address
7731 NW 42nd St	7731 N.W 42nd St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
DAVIE FL	DAVIE FL
Zip 33024 Country US	Zip 33024 Country

4. State/Country of Formation FL USA
5. Date Organized or Qualified To Do Business in Florida 01
6. FEI Number 52-2078345 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name: Marie A. Grand-Pierre
Street Address (P.O. Box Number is Not Acceptable): 7731 NW 42nd Street
Suite, Apt. #, Etc.:
City: DAVIE State: FL Zip Code: 33024

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date 9/25/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	Marie Grand-Pierre	7731 NW 42nd St	DAVIE FL 33024
Manager	Marie Grand-Pierre	7731 N.W 42nd St	DAVIE FL 33024

400050272414
09/29/06--01005--014 **350.00

REINSTATEMENT 02-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 9/25/06 Daytime Phone # 954-484-5244
cell 772-633-1861

Typed or printed name of signing Managing Member/Manager _____