

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 DEC 27 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000014011

1. Corporation Name

Allen Real Estate Holdings LLC

2. Principal Office Address - No P.O. Box #

920 Main Street

Suite, Apt. #, etc.

City & State

Windermere FL

Zip

34786

Country

USA

3. Mailing Office Address

920 Main Street

Suite, Apt. #, etc.

City & State

Windermere FL

Zip

34786

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
02/03/2007

5. FEI Number

208760890

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

Mark Allen

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

920 Main Street

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

700255047657
12/27/13--01031--011 **238.75

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

Date **12/26/2013**

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
P	Mark Allen	920 Main Street	Windermere FL 34786
S, T	Anne Allen	920 Main Street	Windermere FL 34786

REINSTATEMENT

DEC 27 2013

R. HUNT

10. E-mail Address: **aallen@cfl.rr.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Mark Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/2013

321 228 2600

Date

Daytime Phone #