


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LLC**  
**CORPORATION**  
**REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**

2009 NOV 30 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L08000089466**

1. Corporation Name

**ALL AMERICAN HOLDINGS, L.L.C.**

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

**2550 S. BAYSHORE DR.**

Suite, Apt. #, etc.

**SUITE 11**

City & State

**MIAMI, FL**

Zip

**33133**

Country

**USA**

3. Mailing Office Address

**PO BOX 6910**

Suite, Apt. #, etc.

City & State

**HUDSON, FL**

Zip

**34674**

Country

**USA**

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida **9/19/2008**

5. FEI Number

**26-3403107**

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

**PERRY, JAMES H II, ESQ.**

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

**2550 S. BAYSHORE DR.**

Suite, Apt. #, Etc.

**SUITE 11**

City

**MIAMI**

State

**FL**

Zip Code

**33133**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

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
MGR	ALFRED OCTAVIO BONATI	7315 HUDSON AVE.	HUDSON, FL 34667

10. E-mail Address: **RHONDA SPINELLI@BONATI.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., 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.

SIGNATURE: 

MANAGER

11/18/09

727-868-9563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #