

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L27832

1. Corporation Name All AMERICA Concepts, Inc

REINSTATEMENT

03

2. Principal Office Address

2180 W. State Rd 434

3. Mailing Office Address

Suite, Apt. #, etc.

Ste 1130

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Zip

32779

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1992

5. FEI Number

59-2980670

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

Stephen M. Stone

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

725 N. MAGNOLIA AVE

Suite, Apt. #, Etc.

City

ORLANDO

State  
FL

Zip Code  
32803

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

[Signature]

Date

10/17/03

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
<u>P</u>	<u>LOU C. Steinmetz</u>	<u>2180 W. State Rd 434 Ste 1130</u>	<u>Longwood, FL 32779</u>
<u>C/S</u>	<u>SHARON T. HARRISON</u>	<u>2180 W. State Rd 434 Ste 1130</u>	<u>Longwood, FL 32779</u>

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:

Sharon T. Harrison

Date

17 Oct 03

Daytime Phone #

407 975.0410

CR2E081 (10/02)

# ALL AMERICA

## CONCEPTS, INC.

October 15, 2003

Sharon Harrison  
All America Concepts, Inc.  
2180 W. State Road 434, Suite 1130  
Longwood, FL 32779  
407-975-0410

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs,

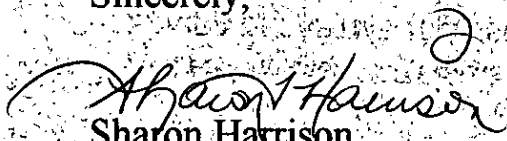
Enclosed please find a check for \$150.00 for All America Concepts, Inc. annual incorporation fee.

We have not received the paper work for filing this year and I was told when I e-mailed that we were made inactive as of September of this year. We filed last year and gave the correct address information however it is still incorrect in your information. Which is why we may have not received the form to file.

You have the address which is more 3 years old even though we filed with the correct address for the last 2 years. If you have any other questions please call me.

Thank you for your assistance.

Sincerely,

  
Sharon Harrison  
Comptroller