

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 19 AM 9:32

DOCUMENT # L32591

1. Corporation Name

ALL QUALITY HOMES INC

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

1412 INTREPID DR

Suite, Apt. #, etc.

3. Mailing Office Address

1412 INTREPID DR

Suite, Apt. #, etc.

City & State

DELAND FL

City & State

DELAND FL

Zip

32724

Country

USA

Zip

32724

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida **11/29/1989**

5. FEI Number

59-3035967

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

JEAN CLOPEIN

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

152 E PLYMOUTH AVE

Suite, Apt. #, Etc

City

DELAND

State

FL

Zip Code

32724

☒ 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 **11/16/09**

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
D	WALLACE THURSTON	152 E PLYMOUTH AVE	DELAND FL 32724
D	NANCY SHAFFER	152 E PLYMOUTH AVE	DELAND FL 32724
D	JEAN CLOPEIN	152 E PLYMOUTH AVE	DELAND FL 32724

10. E-mail Address: **J.CLOPEIN@YAHOO.COM**

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/09 386-736-6646

Date

Daytime Phone #