PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION --- FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT#

L76766

1. Corporation Name

ALLEN PROPERTY MANAGEMENT SERVICES, INC.

106 FLAGSHIP DR

Principal Place of Business

P.O. BOX 274210

Mailing Address

FILED 00 OCT 26 AM 10: 04

SECRETARY OF STATE TALLAHASSEE FLORIDA

LUTZ FL 33545 US		TAMPA FL 33688 US			REINSTATEMENT ()			
If above addresses are incorrect in any way, line through the Principal Office Address, If Applicable 1902 Recommend Place 1000 Prive			3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 05/31/1990		
Suite, Apt. : 22 City & State	- · · · · · · · · · · · · · · · · · · ·		Suite, Apt. #, etc. City & State		•	5. FEI Number Applied For 59-3025676 Not Applicable		
3364	17	Country USA	Zip	Country		6. CERTIFICATE	E OF STATUS DESIRED 🔲 \$8.7	5 Additional Fee required or a Certificate of Status
. Names a	and Street Addre	esses of Each Officer and/o Name of Officers and/or Directors	or Director (Flori	Stre	tions must list at le let Address of Eac cer and/or Directo	;h	City / Sta	ate / Zip
D	ALLEN, DAN		1021 LAKE COMO DR		LUTZ FL 33549			
VP	BATES-ALLEN, SUSAN			1021 LAKE COMO DR		_	LUTZ FL 33549	
,						70	00003465 11/16/000 ****750.00	4379 1908-903 ****750.00
Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent Name			
ALLEN, DAN 106 FLAGSHIP DR LUTZ FL 33549				Street Address (P.O. Box Number is Not Acceptable) 18002 (Chronic Place) Suite, Apt. #, Etc. 4 2217				
0. I, being Signature o Registered	f	registered agent of the above		ration, am familiar wi	City / Any	04 obligations of Sect	State FL ion 607.0505, F.S. Date /0/23/c	2ip Code 33647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/W Date