## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

ALL-BRITE SERVICES, INC.

Mailing Address

% MARTIN S. KAPLAN 145 MENORES AVE. **CORAL GABLES FL 33134** 

Principal Place of Business

% MARTIN S. KAPLAN 145 MENORES AVE. CORAL GABLES FL 33134

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If above a	addresses are incorrect in any way, line t		JUL 1	ľD							
	incipal Office Address, If Applicable	3. New Mailing Office Address, If App			pplicable 4. Date incorporate To Do Business		orated or Qualified		06/28/1990		
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number		Applied For			
City & State City							65-0202590	Not Applicable			
Zip	Country	Zip	<del></del>	Country	'	CERTIFICATE	OF STATUS DESIRED		Additional in a Certificate		
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	orida nonprof	fit corporal	tions must list at lea	ast 3 directors)					
Title(s)	le(s) Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo							
P	KAPLAN, MARTIN S. 16190 SW 8-			W 84 PL/	ACE	MIAMI FL					
ST	KAPLAN, DORI J.	16190 SW 84 PLACE				MIAMI FL					
• • • •											
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent						
WADI ANI MADTINI O					Name						
Kaplan, Martin S. 145 Menores ave.					Street Address (P.O. Box Number is Not Acceptable)						
CORA	L GABLES FL 33134			Suite, Apt. #, Etc.							
				}	City		State	Zip Code			

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGIRA REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director 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 Seceiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing 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.

a Please so Not Remove -

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145 Menores Avenue • Coral Gables, Florida 33134 Telephone: (305) 448-1966

October 22, 2002

To whom it may concern,

I turned in my application with payment on time back in march. You sent me a rather poor quality copy of my application showing that I neglected to sign it. Requesting I do so and send it back to you. I did comply. A week later I received another application packet asking me to sign once again. I figured, you simply had not processed the first copy you sent me so, I didn't send in the second request. Next thing, I receive from you is a dissolution packet. Surprised, I immediately called you and was told you didn't receive the signed copy I sent in. Anyway, due to the misunderstanding, I was told to send in this explanation with a signed packet and I would be reinstated without fees or penalties.

Thank you and if you have any questions please feel free to call.

Sincerely,

Martin S. Kaplan

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