

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 NOV 12 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO10000001589**

1. Corporation Name

**All In One Eldercare + Assisted Living**

**000008421380--0**  
-10/17/02--01035--003  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

2. Principal Office Address

**761 Kempton St. NW**

Suite, Apt. #, etc.

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

City & State

**Palm Bay FL**

City & State

Zip

**32907 USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**3/07/01**

5. FEI Number

**36-4423646**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

**Tomas E. Gowins**

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

**761 Kempton St. NW**

Suite, Apt. #, Etc.

City

**Palm Bay**

State  
**FL**

Zip Code

**32907**

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

**Tomas E. Gowins**

REGISTERED AGENT MUST SIGN

Date

**10/14/02**

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
PD	Tomas E. Gowins	761 Kempton St. NW	Palm Bay FL 32907
VPD	John M. Lewis	1001 N. Twin Creek Dr.	Killeen, TX 76543
TD	Mustafa A. Sharif	761 Kempton St. NW	Palm Bay FL 32907

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:

**Tomas E. Gowins**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/14/02 (321) 952-0386**

October 15, 2002

Dear Florida Department of State

I am writing you to inform you that I did not receive the 2002 uniform business report and I am requesting that you wave any penalty charges and reinstate my incorporation.

Thank you in advance. If you have any questions please feel free to contact me 321-952-0386. I have enclosed the documentation and fees that are needed for reinstatement.

Sincerely,

A handwritten signature in cursive script that reads "Tonjas E. Gowins". The signature is written in dark ink and is positioned above the printed name and title.

Tonjas E. Gowins  
CEO/President