

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000004230

1. Entity Name
ALL OF US CONSIDERED/MEN/WOMEN/CHILDREN
CORP.



FILED

07 OCT 22 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7211 RAMONA STREET
MIRAMAR, FL 33023

Mailing Address
7211 RAMONA STREET
MIRAMAR, FL 33023

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number
41-2098056

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAULE, BROS
7211 RAMONA STREET
MIRAMAR, FL 33023

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/17/07

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	BROS, PAULE	
STREET ADDRESS	7211 RAMONA STREET	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	V	<input type="checkbox"/> Delete
NAME	DESTINE, FRANÇOIS	
STREET ADDRESS	7211 RAMONA STREET	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARNOUX, GINETTE	
STREET ADDRESS	7211 RAMONA STREET	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	T	<input type="checkbox"/> Delete
NAME	CADET, MARCEAU	
STREET ADDRESS	7211 RAMONA STREET	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500110665085
10/17/07--01010--018 **\$61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

x *Paule Bros*

6. Mached OCT 22 2007