

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000027408

1. Corporation Name

ALL FLORIDA ENERGY & WATER INC

600008807286
11/05/02--01069--005 **150.00

2. Principal Office Address

3. Mailing Office Address

1000 SAVAGE Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 206

City & State

City & State

LONGWOOD FL

Zip

Country

Zip

Country

32750

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

3/1/2000

5. FEI Number

59-363443-6

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

DANIEL DARGAN

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

3190 PARMA DR.

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32738

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

D. D. D.

REGISTERED AGENT MUST SIGN

Date

10/31/02

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 |
|--------|--------------------------------------|---|--------------------|
| P | DARGAN, DANIEL | 3190 PARMA DR | DELTONA, FL 32738 |
| | | | |
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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:

D. D. D. DANIEL DARGAN

10/31/02

Date

(407) 834-7859

Daytime Phone #

CR2E081 (9/01)

**ALL FLORIDA ENERGY &
WATER, INC.**

1000 SAVAGE CT # 206
LONGWOOD, FL 32750

October 31, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

All Florida Energy & Water, Inc. did not receive the annual corporation report. This return was put in the wrong mailbox and was returned to Florida Dept of State. We request that the penalty be abated and be allowed to pay the normal annual fee of \$ 150.00.

If you need any more information please call me at 407-834-7859.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Dargan', with a long horizontal flourish extending to the right.

Daniel Dargan
President