

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -2 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000064532

1. Corporation Name

ALL AMERICAN SING-A-LONG ENTERTAINMENT, INC.

Principal Place of Business

121 ORANGE ST.
LEESBURG FL 34748

Mailing Address

121 ORANGE ST.
LEESBURG FL 34748

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/2000

5. FEI Number

59-3671054

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WHITAKER, GRANT P	2320 TAYLOR RD.	NEW SMYRNA BEACH FL 32168
D	WHITAKER, ANNA M	2320 TAYLOR RD.	NEW SMYRNA BEACH FL 32168

600004733116--4
-12/19/01--01058--021
****150.00 ****150.00

8. Name and Address of Current Registered Agent

WHITAKER, GRANT P
121 ORANGE ST.
LEESBURG FL 34748

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANNA M. Whitaker 10/30/07 (352) 787-6000

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October 31, 2001

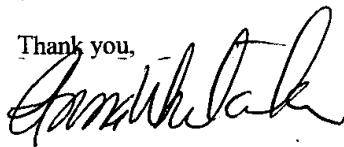
Division of Corporations
Annual Reports/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern

I am writing this letter to for consideration of waiving the reinstatement fee. We never received any of the papers/ forms to fill out. This notice of administrative dissolution or revocation has been the only correspondence we have ever received.

Please consider the request for waiving the reinstatement fee we have not been receiving our mail, many cases it's been delivered to an Orange Avenue address or in some cases that we have been made aware of returned to sender.

Thank you,



Anna Whitaker
Director