

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 27 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YBR
01-02

DOCUMENT # P00000116926

1. Corporation Name

ALL FLORIDA COMMERCE CENTER INC.

2. Principal Office Address

2011 SW 70th Ave.

3. Mailing Office Address

2011 SW 70th Ave.

Suite, Apt. #, etc.

A-12

Suite, Apt. #, etc.

A-12

City & State

Davie, Fl

City & State

Davie, Fl

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/22/2000

5. FEI Number

60-0002362

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

Mario Zacco

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

2011 SW 70th Ave

700006117427-5

-07/01/02--01031-007

Suite, Apt. #, Etc.

A-12

***300.00 ***300.00

City

Davie

State

FL

Zip Code

33317

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**

Mario Zacco

Date

REGISTERED AGENT MUST SIGN

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	Zacco, Mario T	2011 SW 70th Ave. A-12	Davie, Fl 33317
S	Zacco, Karon	2011 SW 70th Ave. A-12	Davie, Fl 33317

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)(f), 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:

Mario Zacco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)

48

2052

**ALL FLORIDA COMMERCE CENTER
441 PROJECT**

*Warehouses, Offices, Manufacturing
2011 S.W. 70TH Avenue # A-12, Davie, Florida 33317
Phone: 954-474-3644/474-4269 Fax: 954-476-6089*

June 25, 2002

*Division of Corporation
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500*

Ref: Doc #P00000116926

Dear Sir of Madam:

This is an apology letter for sending this payment late; the reason was because we never received the document. Please find enclosed this document and the check for \$300.00 and see if any way you can waive the late fees.

Thank you for takes care our petition. If you need additional information, do not hesitate to call me at (954) 474 3644.

Sincerely,

Paula A. Escobar

*Paula Escobar
Administrator*