


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



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

02 NOV -7 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000016463

1. Corporation Name
ALL MY SONS BUSINESS DEVELOPMENT CORPORATION

900008873999
11/07/02--01075--004 **150.00

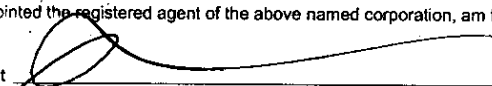
2. Principal Office Address 4801 South University Drive		3. Mailing Office Address P.O. Box 292947	
Suite, Apt. #, etc. Suite 131		Suite, Apt. #, etc.	
City & State Davie, FL		City & State Davie, FL	
Zip 33328	Country USA	Zip 33329	Country USA

4. Date Incorporated or Qualified To Do Business in Florida Feb. 13, 2001	
5. FEI Number 65-1077599	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Robert A. Peterson	
Street Address (P.O. Box Number is Not Acceptable) 4801 South University Drive	
Suite, Apt. #, Etc. Suite 131	
City Davie	State FL
Zip Code 33328	

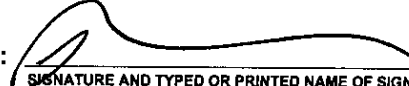
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  **REGISTERED AGENT MUST SIGN** **Date** 11/4/02

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
PTSD	Robert A. Peterson	4801 South University Drive, Suite 131	Davie, FL 33328

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:  **Robert A. Peterson** **954-689-0556**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E081 (9/01)



Mary Elizabeth M. Browder

ATTORNEY AT LAW
CORNERSTONE ONE • SUITE 220
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PLANTATION, FLORIDA 33324

ALSO ADMITTED DELAWARE
AND MARYLAND BARS

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FACSIMILE (954) 424-2200
E-MAIL: browderm@bellsouth.net

October 30, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please waive the reinstatement fee for the following entity, All My Sons Business Development Corporation. We never received the annual report for the entity. We just recently received notice of administrative dissolution and we would like to reinstate the entity. Enclosed is the application for reinstatement of All My Sons Business Development Corporation as well as the \$150.00 regular filing fee. Thank you for your assistance.

Sincerely,

Mary Elizabeth Browder

Mary Elizabeth M. Browder, Esq.

I agree to the truth and veracity of the above statement.

A handwritten signature in black ink, appearing to read "Robert A. Peterson".

Robert A. Peterson, President of All My
Sons Business Corporation