

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 MAR 16 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100030807271
03/19/04--01043--025 **350.00

REINSTATEMENT 03-04

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PG1-55816			
1. Corporation Name All Fountains & Waterfalls, Inc.			
2. Principal Office Address 228 SW 21 ST Terr		3. Mailing Office Address 2221 SW 28 TH Way	
Suite, Apt. #, etc. F		Suite, Apt. #, etc.	
City & State Ft. Lauderdale FL		City & State Ft. Lauderdale FL	
Zip 33312	Country	Zip 33312	Country

4. Date Incorporated or Qualified To Do Business in Florida November 1999	
5. FEI Number 65-1111928	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 Spiegel & Utrera, PA		
Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue		
Suite, Apt. #, Etc.		
City Coral Gables	State FL	Zip Code 33134

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

George J. Criscione 2/23/04
REGISTERED AGENT MUST SIGN

Date

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
Pres	George Criscione	228 SW 21 ST Terrace	Ft. Lauderdale FL 33312

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:

George J. Criscione
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/04

Daytime Phone #

CR2E081 (01/04)