

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 SEP -4 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000057552

1. Corporation Name

ALL SALES BY PHONE, INC.

700022700007  
09/02/03--01047--001 \*\*300.00

2. Principal Office Address

221 SW 22 AVE

3. Mailing Office Address

131 SW 22 AVE

Suite, Apt. #, etc.

Suite 219B

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33135

Country

USA

Zip

33135

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1136527

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

JORGE D ARENAS

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

9010 SW 125 Ave

Suite, Apt. #, Etc.

G 309

City

MIAMI

State

FL

Zip Code

33186

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

08/20/03

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	JORGE D ARENAS	221 SW 22 AVE STE 219A	MIAMI, FL 33135

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE D. ARENAS

Date

08/20/03

Daytime Phone #

786-437-0998

CR2E081 (10/02)

29/4

## ***ALL SALES BY PHONE***

08/20/2003

**RE: Document # P01000057552  
Corporation Name: All Sales by Phone, Inc.  
FEI Number: 65-1136527**

---

**Florida Department of State  
Secretary of State  
Division of Corporation**

To whom it may concern:

Please take this letter as a formal request for reinstating the corporation in reference. In regards to the fees, please be advised that we ask for the cancellation of the reinstatement fee due to we never received the previous uniform business reports for the years 2001 and 2002.

I will like to thank you in advanced for your help in processing my petition.

I enclosed the check in regards to the reinstatement fee and the corresponding form required. If you have any question please don't hesitate to contact me.

Sincerely,

---

  
Daniel Arenas  
President