

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -9 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000080561

1. Corporation Name

ALL DAY CONSULTING & FINANCIAL SERVICE INC.

2. Principal Office Address

123 N. CONGRESS AVE.

Suite, Apt. #, etc.

191

City & State

BOYNTON BEACH

Zip

Country

FLORIDA

3. Mailing Office Address

123 N CONGRESS AVE.

Suite, Apt. #, etc.

191

City & State

BOYNTON BEACH

Zip

Country

33426

REINSTATEMENT 02-08

4. Date Incorporated or Qualified
To Do Business in Florida 08/15/01

5. FEI Number
52-2343912

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

DAYAN ABRAHAM

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

Same as above

Suite, Apt. #, Etc.

100025340131
12/09/03 01019 018 **300.00

City

State

FL

Zip Code

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

Dayan Abraham

Date 12/1/03

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	DAYAN ABRAHAM	123 N. CONGRESS AVE. SUITE 191	BOYNTON BEACH FL 33426

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:

Dayan Abraham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/03

Date

718 599-2953

Daytime Phone #

IRVING N. STRAUS
ACCOUNTANT

298 HOOPER STREET, BROOKLYN, NEW YORK 11211

FAX (718) 963-0609

(718) 599-2953

December 1, 2003

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

Re: All Day Consulting & Financial Services Inc.
Ein# 52-2343912

To Whom It May Concern:

Please be advised that I am the accountant for All Day Consulting & Financial Services Inc.

As per my phone conversation with your office I am herewith enclosing an application for a corporation reinstatement, with a check in the amount of \$300.00 for the reinstatement fee.

Being the fact that this corporation was not active or conducting any business they were not aware of the filing requirements.

Please note that due to a wrong address on your file they did not get any mail or forms. Kindly correct your records and note our correct address 123 N. Congress Ave. #191, Boynton Beach FL 33426.

Considering the above please accept our \$300.00 fee and reinstate the above corporation.

Should you have any questions please feel free to call my office.

Thank you

Sincerely yours,

Irving N. Straus
Irving N. Straus
Accountant