

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$150

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000081373

1. Corporation Name

ALLSTATE CONSTRUCTION & MANAGEMENT COMPANY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 432565
MIAMI FL 33243-2565

P.O. BOX 432565
MIAMI FL 33243-2565



03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
Palmetto Bay, FL

City & State

APPLIED FOR

Not Applicable

Zip
33157

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ORFANI, MOHAMMED	17891 S DIXIE HWY	MIAMI FL 33157
D	AJABSHIR, SOROOREH	17891 S DIXIE HWY	MIAMI FL 33157

600024440516
11/05/03--01014--005 **600.00

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AJABSHIR, MIKE
7840 NW 72 AVE
MIAMI FL 33166

Name
Ajabshir, Mike
Street Address (P.O. Box Number is Not Acceptable)
930 Aigleah Dr
Suite, Apt. #, Etc.
#9
City
Hiakah
State
FL
Zip Code
33010

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Handwritten signature]
REGISTERED AGENT MUST SIGN

Date 10-31-03

11. 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:

[Handwritten signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-03 (305) 218-8585
Date Daytime Phone #

CR2E040 (7/03)



October 31, 2003

To: Division of Corporation
C/O Shon Toner, Manager
409 East Gaines St.
Tallahassee, FL 32399

Re: Reinstatement

Dear Mr. Toner,

Per our telephone conversation today, October 31, 2003 please see attached copy of the check #22000 dated March 17, 2003 for the amount of \$ 600.00 for the attached corporations. As I had mentioned to you on the phone I checked with my bank and the check had not cleared yet. Please accept my new check # 22146 for the same amount for reinstatement for all my corporations.

Sincerely,

M. Ajabshir
Mike Ajabshir