

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P01000083727**

1. Corporation Name

ALL PNEUMATIC COMPANY, INC.

Principal Place of Business

**1745 WEST 8TH AVENUE
HIALEAH FL 33010**

Mailing Address

**1745 WEST 8TH AVENUE
HIALEAH FL 33010**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT



800023793888

10/14/03--01060--017 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2001

5. FEI Number

65-1139421

Applied For

Not Applicable

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 | CLARK, JASON | 1745 WEST 8TH AVENUE | HIALEAH FL 33010 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

**CLARK, JASON
3706 VISTA WAY
WESTON FL 33331**

9. Name and Address of New Registered Agent

| | | |
|--|--------------------|----------|
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| Suite, Apt. #, Etc. | | |
| City | State FL | Zip Code |

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

SIGNATURE REQUIRED
[Signature]
REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

SIGNATURE REQUIRED
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Daytime Phone #

CR2E040 (7/03)

ALL PNEUMATIC CO.

1745 WEST 8 TH AVENUE

HIALEAH, FL 33010

PH. 305-885-5446

FAX. 305-885-5073

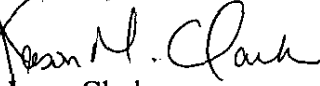
October 10, 2003

Divisions of Corporations
Annual report/Reinstatement Section

To Whom It May Concern:

We would like to inform you that we did not receive the Uniform Business Report. For this reason we were unable to complete it and return it in a timely manner. I have included our check for \$150.00 along with the application for reinstatement. Please process our paper work so that we can remain active.

Sincerely,



Jason Clark
President