

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 19 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 03 001000115688

1. Corporation Name

ALL STATE SERVICE SOLUTION, INC.
200 MASSACHUSETTS WOODS LN
ORLANDO, FL 32824

2. Principal Office Address

200 MASSACHUSETTS WOODS LN

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32824

Country

Orange

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Dec. 6, 2001

5. FEI Number

01-0561524

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

JULIEN KRUGER BELTRAN SILVA

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

200 MASSACHUSETTS WOODS LN

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32824

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

Julien K. B. Silva

REGISTERED AGENT MUST SIGN

Date 5/14/2003

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	JULIEN KRUGER BELTRAN	200 MASSACHUSETTS WOODS LN	ORLANDO, FL 32824
VP	JOAO FLAVIO SILVA	200 MASSACHUSETTS WOODS LN	ORLANDO, FL 32824

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

Julien K. B. Silva

Date

5/14/2003

Daytime Phone #

gr 5/23