

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
CLERK OF THE  
DIVISION OF CORPORATIONS

06 MAY -8 AM 11:28

DOCUMENT # P01000119848

1. Corporation Name

ALL SAFECO INC.  
7580 NW 82 ST.  
MEDLEY, FL. 33166

2. Principal Office Address

7580 NW 82 ST.

Suite, Apt. #, etc.

N/A

City & State

MEDLEY FL

Zip

33166

Country

USA  
MIAMI-DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

12-19-01

5. FEI Number

☒ 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 EVANGELIO ROQUE

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

7580 NW 82 ST.

Suite, Apt. #, Etc.

N/A

City

MEDLEY, FL. 33166

State

FL

Zip Code

33166

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

5/5/06

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	EVANGELIO ROQUE	7580 NW 82 ST.	M. FL. 33166

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

Date

Daytime Phone #

5/5/06

305-889-0666

CR2E081 (9/00)