

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT 28 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000005669

1. Corporation Name

ALLMAN'S, INC.

2. Principal Office Address

4135 SW Hwy 17

Suite, Apt. #, etc.

City & State

ARCADIA, FL

Zip

34266

Country

US

3. Mailing Office Address

4940 DUNCAN RD.

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

Zip

33982

Country

US

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/2002

5. FEI Number

26-0052516

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

FRED D. ALLMAN

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

4940 DUNCAN RD.

Suite, Apt. #, Etc.

City

PUNTA GORDA, FL 33982

State

FL

Zip Code

33982

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

Date

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
P	FRED D. ALLMAN	4940 DUNCAN RD.	PUNTA GORDA, FL 33982
V	NANCY F. ALLMAN	4940 DUNCAN RD.	PUNTA GORDA, FL 33982

5000042283215
10/28/04--01041--008 **300.00

Handwritten initials

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:

Handwritten signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/04

Daytime Phone #

CR2001 (01/04)

**HACKNEY AMES
& HEITMAN PA**
CERTIFIED PUBLIC ACCOUNTANTS
REGISTERED INVESTMENT ADVISORS

128 WEST OAK STREET
POST OFFICE BOX 1359
ARCADIA, FLORIDA 34265
www.hahcpa.com

(863) 494-6495 FAX: (863) 494-9578

October 27, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Allman's, Inc.

Dear Sir or Madam:

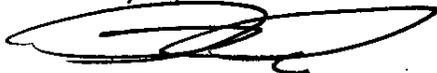
This letter is to request the filings of the annual reports of Allman's, Inc. for the 2003 and 2004 years be treated as though they were originally filed within the original deadlines.

The officers of the corporation had moved prior to receiving the notice to renew the corporate filing for 2003. In not renewing in 2003, and never receiving a notification of dissolution, they were unaware of any problems. In 2004, we checked the corporate status of Allman's, Inc. and immediately discovered the corporation had been in "inactive status" since 2003.

We would like to submit these annual reports and request an abatement of penalties for the filing years of 2003 and 2004. Due to the move we believe the corporation has reasonable cause for this abatement. Please honor our request and accept the enclosed check as the original fees for both years @ \$ 150.00 each for a total of \$ 300.00.

If you have any questions or concerns, please do not hesitate to contact me.

Thank you,



Andrew T. Ames, CPA, CFP®
Shareholder