2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # DOCOCO	6216	MITTER	7 FILED
DOCUMENT # P02000016216			07 410 07 04 0
ALL-STAR PDR, INC.			07 MAR 27 PM I2: 02
			and FOR OUR CLATE
		- TIP	FALLAHASSEE, FLORIDA
Principal Place of Business	Mailing Address		THE ATMOSEL, I LUMIDA
4110 S POINT BLVD SUITE 205	4110 S POINT BLVD Suite 205		, , , , , , , , , , , , , , , , , , ,
JACKSONVILLE, FL 32216	JACKSONVILLE, FL 3221	16	02-13-06 90027 050 \$ 150.00
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	2	
6A17 Southpuint	14uy 6017	Port Apoint	FIE CALLINGUL HI COM HEND COM
Suite, Apt. #, etc.	Suite, Apt. #, etc.		0319 REINSTATEMENT (1/07/06-07
220 / City & State , , , 1	_ City & State	1 11	
JACKSIN ville, FL	TACKTONL	ille, FL	4. FEI Number Applied For Not Applicable
Zip Country	327(6	Country	5. Certificate of Status Desired \$8.75 Additional
322/6 DUVAL 6. Name and Address of Curren	7 2 2 6 9 1	DUVAL	Fee Required
V. Hame and Address of Chife	- rediging of whole	Name	7. Name and Address of New Registered Agent
CAMP, RICHARD CPA		Stront Address	(D.O. Box Number is Not Assessed 1)
4110 SOUTHPOINT BLVD #206 JACKSONVILLE, FL 32216		6977	(P.O. Box Number is Not Acceptable)
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			#2201
	_	City TAC	Zio Corte
8. The above named entity submits this statement	for the purpose of changing its re	edistered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.		,	
SIGNATURE TU	for te	$\Omega \Lambda$	3/19/07
Signature, typed or printegralame of registered age	u and title if applicable. (NOTE)	egistered Agent algosium requ	drod when reinstating) DATE
FILE NOW!!! FEE IS \$300.00			In accordance with a. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AN	D DIRECTORS	I 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PSTD	□ Defete	TITLE	Change Addition
NAME EMERSON, DUANE J		NAME	
STREET ADDRESS 4110 S POINT BLVD CITY-ST-72P JACKSONVILLE, FL 32216		STREET ADDRESS CITY-ST-ZIP	DIT Southpoint Plemy AZZO
TITLE	□ Delete	TITLE	Change Addition
NAME	LJ Desete	NAME	
STREET ADDRESS		STREET ADDRESS	UDDD95998120 04/06/0701039008 **150.00
CITY-SI-ZIP		CITY+ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
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CITY-ST-ZIP	12	CITY+ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-SI-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STORY ADDRESS		NAME OTREST ASPRESSO	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	_ Danag	NAME	- Company
STREET ADDRESS CITY-ST-ZIP		STREET AODRESS CILY-ST-ZIP	
	th this filing does not qualify for t	the everytime contains	d in Chapter 119, Florida Statutes. I further certify that the information
indicated on this report or supplemental report	is five and accurate and that ro	signature shall have the	of in Chapter 119, Florida Statutes. That I am an officer or director same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if
changed, or on an attachment with an address	, with all other like or powered.	a ropulied by Chapter 60	re, rivinga statutes, and that my mane appears in block to or block 11 if
SIGNATURE:	1/1/ (G	LIN PK	904-281-9924
LONGINALUNE. /		1/1/1	

RICHARD CAMP, CPA, PA

Certified Public Accountant March 19,2007

Division of Corporations Department of State P.O. Box 6327 Tallahassee, FL 32314

RE: reinstatement of ALL-Star PDR, Inc

Dear Sir/Ms:

Please find the enclosed reinstatement document for All-Star PDR, Inc. The document was never received after being returned by your office. The original check for \$150 was received by your office and deposited. Enclosed is a copy of the original check. The balance owed is enclosed in the amount of \$150.00 for 2007. Thank you for your assistance with this matter.

Sincerely,

Richard Camp, CPA