

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 AUG 25 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P0200021837*

1. Corporation Name  
We All Count, Inc

2. Principal Office Address  
12127 Branding Iron Court

Suite, Apt. #, etc.

City & State  
Wellington, Florida 33414

Zip Country  
33414 U.S.

3. Mailing Office Address  
12127 Branding Iron Court

Suite, Apt. #, etc.

City & State  
Wellington, Florida 33414

Zip Country  
33414 U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida 02/26/02

5. FEI Number  
01-0609061

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  
Barbara A. DeVane

Street Address (P.O. Box Number is Not Acceptable)  
12127 Branding Iron Court

Suite, Apt. #, Etc.

City  
Wellington

State Zip Code  
FL 33414

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

*Barbara A. DeVane*  
REGISTERED AGENT MUST SIGN

Date *8-16-05*

**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
Chair	Barbara A. DeVane	12127 Branding Iron Court	Wellington, Florida 33414

200059239982  
03/01/05-01037-007 \*\*1050.00

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:

*Barbara A. DeVane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*8-16-05*

CR2E081 (01/05)