

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 MAY 20 AM 9:44

DOCUMENT # **P02000057621**

1. Corporation Name
AllSpain, Inc.

2. Principal Office Address
1662 SE Port St. Lucie Blvd.

Suite, Apt. #, etc.

City & State
Port St. Lucie

Zip Country
34952 USA

3. Mailing Office Address
1662 SE Port St. Lucie Blvd.

Suite, Apt. #, etc.

City & State
Port St. Lucie

Zip Country
34952 USA

REINSTATEMENT

11-10 03 01059 007 #150.00

4. Date Incorporated or Qualified
To Do Business in Florida 05/23/2002

5. FEI Number
16-1637749

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
Maria E. Andres

Street Address (P.O. Box Number is Not Acceptable)
1662 SE Port St. Lucie Blvd.

Suite, Apt. #, Etc.

City
Port St. Lucie

State Zip Code
FL 34952

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

Maria E. Andres

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
PTD	Maria E. Andres	1662 SE Port St. Lucie Blvd.	Port St. Lucie, FL 34952

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)(l), 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:

Maria E. Andres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2072

May 9, 2005

Allspain, Inc
1662 SE Port St. Lucie Blvd.
Port St. Lucie, FL 34952

Florida Department of State
Division of Corporations
Attn: Reinstatement Department
P.O Box 6327
Tallahassee, FL 32314


Re: P02000057621

To Whom It May Concern:

Upon attempting to file our 2005 Uniform Business Report it came to our attention that the company was still administratively dissolved. In the year 2004 we came upon the same situation in which we replied by sending a letter requesting for our address to be properly corrected and to please reinstate the corporation. To this date we have not received any correspondence in regards to this matter.

The Division of Corporations was contacted on May 9, 2005 and we were informed that in 2003 the Uniform Business Report was rejected. We were never aware of this situation for we never received any notices. It was then that the corporation was administratively dissolved. We ask that the corporation be reinstated to its original state and therefore we are attaching a Reinstatement Application to this letter. Along with this information we are sending \$150.00 for the 2004 Report and \$150.00 for the 2005 Report. The filing fee for the 2003 report has been received by your offices. We also ask that the late filing fees be waived.

Thank you,



Maria E. Andres
President

MA/jq