

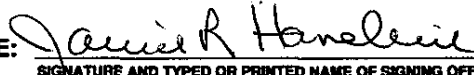


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000061480					
1. Corporation Name ALL 4 ONE, INCORPORATED					
2. Principal Office Address 3974 Irma Shores Drive Suite, Apt. #, etc.			3. Mailing Office Address 3974 Irma Shores Drive Suite, Apt. #, etc.		
City & State Orlando, Florida			City & State Orlando, Florida		
Zip 32815	Country USA	Zip 32815	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 6/4/02	
5. FEI Number 81-0557989				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Janice Hameline					
Street Address (P.O. Box Number is Not Acceptable) 3974 Irma Shores Drive					
Suite, Apt. #, Etc.					
City Orlando		State FL	Zip Code 32815		
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 8/24/04	
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	
PD	Janice Hameline	3974 Irma Shores Drive		Orlando, FL. 32815	
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)(f), 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: 		8/24/04		407-657-5532	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (01/04)

All 4-One, Inc.
3974 Irma Shores Dr.
Orlando, FL 32817

August 27, 2004

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Document # P02000061480


Gentlemen:

I have received the State's Intent to Dissolve our corporation. The 2004 Uniform Business Report was not received due to our moving in October 2003. Therefore, we are applying for reinstatement based on never receiving the UBR Report.

Enclosed please find the Corporate Reinstatement Form, our completed 2004 UBR Report, and check #1045 for \$150.00. We respectfully request that the State reinstate us at the earliest possible time and do not assess any additional fees.

Thanking you in advance for your assistance in this matter and if there are any questions, please contact me at 407-421-3625 (cell).

Very truly yours,


Janice Hameline
President

Enclosures: Corporate Reinstatement Form
2044 UBR Report
Check #1045 - \$150.00