



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

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<b>DOCUMENT # P02000079950</b> 1. Entity Name <b>ALLSTATE FREIGHT LINES, INC.</b>						06 OCT 12 PM 3:43	
Principal Place of Business <b>1201 S POWERLINE RD #150 POMPANO BEACH, FL 33069</b>				Mailing Address <b>1201 S POWERLINE RD #150 POMPANO BEACH, FL 33069</b>			
2. Principal Place of Business <b>5428 SUNSEEKER BLVD</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>1245 S. POWERLINE RD 150</b> <small>Suite, Apt. #, etc.</small>					
City & State <b>GREENACRES FL</b>		City & State <b>POMPANO BEACH FL</b>		4. FEI Number <b>54-2064514</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33463</b>		Zip <b>33069</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>REINSTATEMENT</b> 11/05 06	
6. Name and Address of Current Registered Agent  <b>GRANT, MELVIN G 5428 SUNSEEKER BLVD GREENACRES, FL 33463</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>GRANT, MELVIN G 1201 S. POWERLINE RD #150 POMPANO BEACH, FL 33069</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D MELVIN GRANT 1245 S. POWERLINE RD #150 POMPANO BEACH FL 33069</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 empowered.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

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**ALLSTATE FREIGHT LINES,  
1245 S. POWERLINE RD. SUITE 150  
POMPANO BEACH, FL. 33069**

October 9, 2006

Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

**REF: ALLSTATE FREIGHT LINES, INC.  
P02000079950**

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

  
Melvin Grant  
MG/fz