PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 26 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100042185401
10/26/04--01044--008 **150.00

DOCUMENT # P03000052186

1. Corporation Name
All Fantasy Corp.

REINSTATEMENT 04

2. Principal Office Address
1202 NE Pine Island Rd. #1233
Suite Apt. #, etc.
Unit 1M
City-State
Cape Coral, FL
Zip 33909 Country USA

3. Mailing Office Address PO BOX
Suite Apt. #, etc.
City-State
Cape Coral
Zip 33915 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 5/12/03

5. FEI Number 86-1062174 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: Everlinda Toledo
Street Address (P.O. Box Number is not Acceptable): 1202 NE Pine Island Rd. Unit 1M
Suite, Apt. #, Etc.
City: Cape Coral State: FL Zip Code: 33909

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of (registered) Agent: [signature] Date: 10/22/04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	Toledo, Everlinda	1202 NE Pine Island Rd. Unit 1M	Cape Coral, FL. 33909

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: [signature] 10/22/04 239 645 3741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P.02

OCT-22-04 12:17P

ALL FANTASY CORP.

1202 NE PINE ISLAND RD UNIT 1M
CAPE CORAL, FL. 33909
(239-691-9033)
ARMANNARAN@aol.com

22 de Octubre de 2004

FLORIDA DEPARTMENT OF STATE
DIVISON OF CORPORATIONS
P.O.BOX 6327
TALLAHASSEE, FLORIDA 32314

Dear Sir:

By this means I am sending a copy of my application that I had on file, that I had send on April 20, 2004, with check number 5227, for the amount of $ 150.00. Your department never cashed such check. I am sending you a new check as I was told, to cover the dues of the license.
I am very sorry for all the inconvenience that this problem might have cause.

Sincerely yours,

EVERLINDA TOLEDO
Signature