PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 19 PM 12: 44

DOCUMENT # P03000068173

1. Corporation Name

All Parallel Bars, Inc

0001834268 30
07/19/10--01059--008 **550.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

18085 South Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip 33157   Country USA

Zip   Country

4. Date Incorporated or Qualified To Do Business in Florida   06 / 19 / 2003

5. FEI Number   05-0570374   ☐ 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   Luis M. Rubalcaba

Street Address (P.O. Box Number is Not Acceptable)   17080 SW 92 Ave

Suite, Apt #, Etc

City   Miami   State FL   Zip Code 33157

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 _____
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
P	Luis M. Rubalcaba	17080 SW 92 Ave	Miami FL 33157
		2010 AR B 7/20/10	

10. **E-mail Address:** Sruba13730@aol.com
(To be used for future annual report notification)

11. 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 I further certify, 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: _____   07/16/10   305-252-4635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #