

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 28 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000011772

1. Corporation Name

ALL RENOVATIONS AND DESIGN, INC.

2. Principal Office Address

3810 S.W. 7TH AVE. RD

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip 34474

Country

USA

3. Mailing Office Address

3810 S.W. 7TH AVE. RD.

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34474

Country

USA

REINSTATEMENT

05-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/9/2004

5. FEI Number

61-1472590

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

JERRY LEE VAUGHN

Street Address (P.O. Box Number is Not Acceptable)

3810 SW 7TH AVE RD

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34474

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

Jerry Lee Vaughn
REGISTERED AGENT MUST SIGN

Date 10/28/06

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
PRES	JERRY LEE VAUGHN	3810 SW 7TH AVE RD	OCALA, FL 34474
V.P.	DOREEN HARPER-VAUGHN	3810 SW 7TH AVE RD	OCALA, FL 34474

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 contained in Chapter 119, 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:

Jerry L. Vaughn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/06

Date

Daytime Phone #

352-875-9711

2/2

We did not receive the Annual
Report info. for the year 2005

President



10/28/06