

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV -2 PM 5:28

DOCUMENT # P04000086051

1. Entity Name  
ABOVE ALL REALTY INC.



Principal Place of Business  
1454 MAIN ST - STE B  
DUNEDIN, FL 34698

Mailing Address  
1454 MAIN ST - STE B  
DUNEDIN, FL 34698

REINSTATEMENT 06



2. Principal Place of Business

3919 Orchard Hill Circle

3. Mailing Address

3919 Orchard Hill Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10302006 REIN-P CR2E098 (11/05)

City & State  
Palm Harbor FL

City & State  
Palm Harbor FL

4. FEI Number

59-5959675

Applied For

Not Applicable

Zip

3468X

Country

USA

Zip

3468X

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRONG, CHRISTOPHER  
3919 ORCHARD HILL CIR  
PALM HARBOR, FL 34684

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE O/D ☐ Delete  
NAME STRONG, CHRISTOPHER  
STREET ADDRESS 3919 ORCHARD HILL CIR  
CITY - ST - ZIP PALM HARBOR, FL 34684

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 100081470181  
STREET ADDRESS 11/02/06--01026--015  
CITY - ST - ZIP \*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 or other like empowered.

SIGNATURE:

*Christopher C. Strong*

Christopher C. Strong 10/30/06 460-9759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #