

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 NOV -1 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04 0000 86 369**

1. Corporation Name

Do All Home Improvement, dnc.

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

8990 No Road

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

32210

Country

USA

Zip

Country

CR2E081 (1/07)

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

6/2/04

5. FEI Number

20-1195405

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

James E Peavey

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

8990 No Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32210

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/29/07**

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	James Peavey	8990 No Road	Jacksonville FL 32210
			200112301802 11/14/07--01051--015 **300.00

REINSTATEMENT

RH

11-07

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/07

Date

4245771

Daytime Phone #

**Nancy a. Smolen
141 Las Palmas Lane
Ponte Vedra Beach, FL 32082
904-613-4763**

October 29, 2007

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Do All Home Improvement, Inc.
Document # P04000086369

Dear Sir/Madam:

I have been retained by the above referenced Corporation to complete and file the enclosed Corporation Reinstatement Form.

The sole shareholder of the Corporation moved and therefore did not receive his annual notification. I have been retained by the Sole Shareholder to maintain his books and records and will print the Form from the internet in future years in order to maintain the Corporations active status.

Based on the above, I respectfully request on behalf of the Corporation that the Corporation be reinstated and that the Reinstatement fee be abated based on reasonable cause.

If you need further information, please contact me at 904-613-4763.

Very truly yours,

A handwritten signature in cursive script that reads "Nancy A. Smolen CPA". The signature is written in dark ink and is positioned above the typed name.

Nancy A. Smolen, CPA

CC: Do All Home Improvement, Inc.