

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 13 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000132083

1. Corporation Name

ALL FLOW SERVICES, INC.

2. Principal Office Address

2934 RUSSELL OAKS DR

3. Mailing Office Address

2934 RUSSELL OAKS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREEN COVE SPRINGS, FL

City & State

GREEN COVE SPRINGS, FL

Zip
32043

Country
USA

Zip
32043

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **09/21/2004**

5. FEI Number

55-0883067

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SE 75 (Subject to the provisions of the Florida Statutes)

W06000051979

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name
THOMAS C SANTORO

500082102755

11/22/06--01042--015 *00.00**

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

1700 WELLS RD

Suite, Apt. #, Etc.
SUITE 5

City
ORANGE PARK

State
FL

Zip Code
32073

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)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVST	LABELLE, JEFFREY B	2934 RUSSELL OAKS DR	GREEN COVE SPRINGS FL 32043

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

Date

Daytime Phone #

11-16-06 904-226-1809

Jeffrey B Labelle- P04000132083

ALL FLOW SERVICES, INC.

11/15/2006

To whom it may concern,

I am enclosing my reinstatement form for my corporation. I never received the renewal notification for my corporation for the years of 2005 and 2006. The instructions for reinstatement indicate that if I did not receive prior notice, to put this in writing and the fee would be waived.

Thank you for your assistance in this matter.

Sincerely,

Jeffrey B Labelle

Jeff B Labelle