

10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 28 AM 9:39

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # All Service Group Carpenter
and Tile Inc.

1. Corporation Name

B4000157290
W06000050292

2. Principal Office Address

201 N-B 2 CT

Suite, Apt. #, etc.

City & State

Dania, FL

Zip

33004

Country

Broward

3. Mailing Office Address

201 N-B 2 CT

Suite, Apt. #, etc.

City & State

Dania, FL

Zip

33004

Country

Broward.

800082100338
11/28/06--01033--015 **300.00

REINSTATEMENT 05-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

Nov/17/04

5. FEI Number

870735479

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

Hossein JAFARMADAR

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

201 N-B 2 CT

Suite, Apt. #, Etc.

Dania

City

Dania

State

FL

Zip Code

33004

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]

Date

10-5-06

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
President	Hossein JAFARMADAR	201 N-B 2 CT	Dania, FL, 33004

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:

Hossein Jafarmadar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-5-06

Daytime Phone #

(954) 608-6677

202

10-5-06

To whom it may concern

Did not Recived Annual Report notice
in 2005 Please Waive The Registration
fee Thank you for more information Please
Contact me at (954) 608-6677

Thank You

W. J. Asher