



2006 FOR PROFIT CORPORATION REINSTATEMENT

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FILED
2006 OCT 17 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000166799					
1. Entity Name ALL SEASONS CLEANING, INC.					
Principal Place of Business 134 SW 51ST TERR CAPE CORAL, FL 33914			Mailing Address 134 SW 51ST TERR CAPE CORAL, FL 33914		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
10102006 REIN-P CR2E098 (11/05)				4. FEI Number 20-2318803	
				Applied For Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURKE, JEFF 134 SW 51ST TERR CAPE CORAL, FL 33914			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKE, JEFF		NAME		
STREET ADDRESS	134 SW 51ST TERR		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKE, TAMMY		NAME		
STREET ADDRESS	134 SW 51ST TERR		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.					
SIGNATURE: 			10/14/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

10/23/06

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All Seasons Cleaning Inc.
134 SW 51st Terrace
Cape Coral, Florida 33914

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Dear Tina D Carter:

As was discussed in our telephone conversation on October 10, 2006, I am sending this letter to appeal the \$750.00 reinstatement fine. I never received any letter, or notification in January of 2006. I received a postcard in June of 2006, which I checked off and send back to Tallahassee in early July. I heard nothing more until I was notified my license was revoked.

Enclosed is the \$ 150.00 dollar fee you said I need to send, along with the \$ 8.75 fee for a certificate of status.

Please waive the fine I was assessed for failing to file. As I said, I could not file in January because I never received any of the necessary paperwork to fill out. Had I received the required material, I certainly would have taken care of it.

Thank you for your help and consideration.

Sincerely,

Jeff Burke

