

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 APR -8 AM 9:22

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P05000025379

1. Corporation Name

All Seasons Rescreening, INC.

100196731191  
04/08/11--01056--002 \*\*158.75  
100196731191  
03/03/11--01033--017 \*\*750.00

CR2B081 (11/10)

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

3829 Edgewood Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

3829 Edgewood Ave.

Suite, Apt. #, etc.

City & State

Fort Myers, FL.

City & State

Zip

33916

Country

USA

Zip

33916

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2-16-2005

5. FEI Number

20-2341789

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Juan Suarez

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

3829 Edgewood Ave.

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33916

**REINSTATEMENT**

10-11

168  
4/11

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

Juan Suarez

REGISTERED AGENT MUST SIGN

Date

2-28-2011

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	Juan Suarez	3829 Edgewood Ave.	Fort Myers, FL. 33916

**COPY**

10. E-mail Address: juansuarez2012@yahoo.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Juan Suarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-28-2011

Daytime Phone #