

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000025379**

1. Corporation Name

All Seasons Rescreening, INC.

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

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

10-11

1/24/11

REINSTATEMENT

Date **2-28-2011**

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

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: **JuanSuarez0912@gmail.com**

(This is 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*

2-28-2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #