

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000036939

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: ALL AROUND ASSOCIATE SERVICES, INC.

## Current Principal Place of Business:

3140 PEMBROKE RD -S TE 611  
HALLANDALE, FL 33309

## New Principal Place of Business:

15299 N.E. 12TH AVENUE  
NORTH MIAMI BEACH, FL 33162

## Current Mailing Address:

3140 PEMBROKE RD -S TE 611  
HALLANDALE, FL 33309

## New Mailing Address:

15299 N.E. 12TH AVENUE  
NORTH MIAMI BEACH, FL 33162

FEI Number: 20-2674815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STROUSE, LEONEL  
3140 PEMBROKE RD STE 611  
FORT LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

STROUSE, LEONEL  
15299 N.E. 12TH AVENUE  
NORTH MIAMI BEACH, FL 33162 US

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.

SIGNATURE: LEONEL STROUSE

04/30/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVP ( ) Delete  
Name: STROUSE, LEONEL  
Address: 3140 PEMBROKE RD -S TE 611  
City-St-Zip: HALLANDALE, FL 33309

Title: D ( ) Delete  
Name: STROUSE, LEONEL  
Address: 1340 NE 145 ST  
City-St-Zip: N MIMAI, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVP (X) Change ( ) Addition  
Name: STROUSE, LEONEL  
Address: 15299 N.E. 12TH AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D (X) Change ( ) Addition  
Name: STROUSE, LEONEL  
Address: 15299 N.E. 12TH AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONEL STROUSE

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date