

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 30 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO5000060417

1. Corporation Name

Allend.Mates, PA

800154370098
04/30/09--01022--009 **300.00

CR2E081 (12/08)

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

210 Bayou Bend Rd
Suite, Apt. #, etc.

3. Mailing Office Address

210 Bayou Bend Rd
Suite, Apt. #, etc.

City & State

Groveland, FL

City & State

Groveland FL

Zip

34736

Country

USA

Zip

34736

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4.08.2005

5. FEI Number

20-2776255

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

Allen Mates

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

210 Bayou Bend Rd

Suite, Apt. #, Etc.

City

Groveland

State

FL

Zip Code

34736

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Allen Mates PA

REGISTERED AGENT MUST SIGN

Date April 27, 2009

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	Allen Mates	210 Bayou Bend Rd	Groveland FL 34736

REINSTATEMENT

RH

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:

Allen Mates PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 27, 2009

Daytime Phone #