PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION | FLORIDA DEPARTMENT OF STATE | to the | FILED | |
|---|--|----------------------|--|--|
| REINSTATEMENT | Secretary of State | | 09 AUG 13 AM 5: 05 | |
| DOCUMENT # PO5000072921 | | | SECRETARY OF STATE PALLAHASSEE, FLORIDA | |
| Allenco Enterprises, Inc. | | | | |
| | | <u> </u> | na:cacepec | |
| 2. Principal Office Address - No P.O. Box# | 3. Mailing Office Address 1163 NW 9th terr | 08713 | 00159562655 3/0901035007 **450.00 CR2E081 (12/08) | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | norated or Qualified ness in Florida (15 / 163 / 2005) | |
| City & State Ft LOVEY CLE FL Zip Country | City & State H. LOWETONE FL Zip Country | 5. FEI Numbe | Not Applicable | |
| 38311 U.S. | 38311 0.5. | CERTIFICATE | OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status | |
| Name AIRO W WIII AMS Street Address (P.O. Box Number is Not Acceptable) IIV3 NW OTH TRY Sulte, Apt. #, Etc. City State Zip Code FL COVERCICE FL 33311 | | | 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. | |
| Signature of Registered Agent | ove named corporation, am familiar with and accept the of the control of the cont | obligations of secti | on 607.0505 or 617.0503, F.S. Date AuG 1 09 | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea | | | | |
| Titles Name of Officers and/or Directors | Street Address of Eac Officer and/or Director | | City / State / Zip | |
| P Allen W Wil | Iliams 1163 NW 9th TE | ·Y.C | Ft. Lauderdale/F1/38311 | |
| | | | | |
| REINS | TATEMENT R | H | | |
| 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 filling 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 owad 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: BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dafe Dafe Daytime Phone # | | | | |