## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations  |   | FILED  08 JUL 22 AM ID: 12  06 STATE              |  |   |                |  |
|---|---|---|--|---|----------------|--|
| DOCUMENT # POSOGO 103 886  1. Corporation Name  ALL HOME SERVICES INC.  |   |   |  | ALLAHASSEE, FÌ  | LORIDA         |  |
| ALL HOME SEXVICES   | , <u>, , , , , , , , , , , , , , , , , , </u> |   |  |   |                |  |
| 2. Principal Office Address - No P.O. Box # 9669 LANCASTER PLACE  | 3. Mailing Office Address                     |   |  | ISTATEMENT_   | 08             |  |
| Suite, Apt. #, etc.   | Apt. #, etc. Suite, Apt. #, etc.              |   |  | orated or Qualified   | /27-           |  |
| City & State BOCA RATON, FL   | City & State                                  | 11  |  | To Do Business in Florida         1/1/09/07           5. FEI Number         Applied For           ZO - 377/044         Not Applicable |                |  |
| Zip 33434 Country USA   | Zip 4 Coun                                    | lry v1  | 6.   | S8.75 Addit   | Not Applicable |  |
| 7. Name and Address of Current Registered Agent   |   |   |  |   |                |  |
| Name CHARLES E. SCHREINER   |   |   | 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. |   |                |  |
| Street Address (P.O. Box Number is Not Acceptable)  9669 CANCASTER PLACE  |   |   |  |   |                |  |
| Suite, Apt. #, Etc.   |   |   |  |   |                |  |
| City BOCA RATON State Zip Code FL 33434   |   |   |  |   |                |  |
| 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   |   |   |  | Date 7-19-08  |                |  |
| 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<br>Officer and/or Director |  | City / State / Zip  |                |  |
| WAGE CHARLES SCHREINER  | 9669 41                                       | 9669 LANCHSTER P                                  |  | BUCA RATON, FO  | 233434         |  |
| QUIVER CONNIE A. SCAREING   | 5R  | /1  |  | 41  |                |  |
| de  |   |   | et i   | 1 <del>1 1 -                                </del>  |                |  |
| 11/23   |   |   | 400133307544<br>07/22/0801047006 **173.75  |   |                |  |
| '   | <b>!</b>                                      |   |  |   |                |  |
|   |   |   |  |   |                |  |
| 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 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 acturate and my signature shall have the same legal effect as if made under oath. |   |   |  |   |                |  |
| SIGNATURE: CHARLES L. SCHREINER 7-19-08 561-613-8511 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |   |   |  |   |                |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |   |   |  |   |                |  |

## FLORIDA DIVISION OF STATE:

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On 02-05-2008 there was a check(#1349) sent with the account # on check ending in 6217. On 03-12-2008, 5 weeks later that account had to be closed due to a fraudulent check that was passed through that account. At sometime following I was sent a letter that the check was returned do to account was closed. I spoke to a representative of the division of sate about this matter and was told to mail a check for \$173.75 (\$15 more) and also was notified by mail that I was to send another check no later than 06-04-2008. On 05-09-2008 I sent a check (#1571) for the amount requested,(\$173.75) to division of state. To my complete surprise on 07-18-2008 I received a certificate of administrative dissolution of my corporation of non-payment received. I immediately phoned the provided phone # and was provided assistance of how to proceed with this matter without having to pay the \$600 reinstatement fee, since I cannot prove or say for sure that the check sent on 05-09-2008 was somehow not received whether being fault of the postal service or by other means, which has happened 3-4 times just mailing checks out locally to my vendors, I am writing this letter in hopes through supervision, or through accounting departments of division of state that my corporation can be reinstated without the \$600 penalty fee. I am enclosing a check for the 173.75 and will send certified with a certified notice sent to me that it was received.

Thank You for your cooperation Of this matter,

Charles e. Schreiner & Connie A. Schreiner

All Home Services Inc.