

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 19 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000138519

1. Corporation Name

ALL SUPPORT SERVICE INC.

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

1025 SW 11TH CT

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33991

Country

US

3. Mailing Office Address

1025 SW 11TH CT

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33991

Country

US

000144047270

02/20/09--01003--007 **300.00

CR2E081 (12/08)

4. Date incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-3610583

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

GILBERTO GUERRA

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

1025 SW 11TH CT

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33991

☒ 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

REGISTERED AGENT MUST SIGN

Date 2/10/09

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	GUERRA, GILBERTO	1025 SW 11TH CT	CAPE CORAL, FL 33991
T	PISCHKE, GREGOR	1025 SW 11TH CT	CAPE CORAL, FL 33991

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:

Gilberto Guerra

02/10/09

(239) 898-0668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALL SUPPORT SERVICE, INC.
1025 SW 11TH CT
CAPE CORAL, FL 33991
PHONE (239)898-0668

January 7th, 2009

To: Florida Department of State
Division of Corporation

I, Gilberto Guerra, president of ALL SUPPORT SERVICE, INC am sending this letter because I saw on your website that our company was inactive due to the 2008 Annual Report was not done. We had personal problems because of sickness and we had to travel out of town. With all this issues we did not realized that we did not do the payment and besides we did not receive the card that you always send every year.

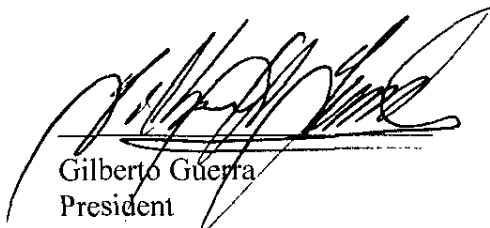
We would really appreciate if you could help us to reinstate the company with the regular fee of \$150.00 because the business was really slow and the profit was very low.

I'm attaching a check for \$150.00 waiting for your cooperation.

Document # P05000138519
EIN: 20-3610583

Any decision made by you please letting me know.

Sincerely,



Gilberto Guerra
President