

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 NOV 30 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000013634

1. Corporation Name

BUSINESS OF ALL TRADES, INC.

100163183531  
11/30/09--01043--019 \*\*450.00

REINSTATEMENT 07-09

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

19120 NW 32 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

19120 NW 32 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33056

Country

USA

Zip

33056

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ 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

ROSHAWN DAVIS

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

19120 NW 32 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33056

☒ 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

Date 11/27/2009

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 Officer and/or Director	City / State / Zip
VP	ROSHAWN DAVIS	19120 NW 32 AVENUE	MIAMI, FL 33056
P	TARQUIESHA DAVIS	19120 NW 32 AVENUE	MIAMI, FL 33056

10. E-mail Address: PC1402@GMAIL.COM

(To be used for future annual report notification)

11. 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, I further certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/2009 754-204-0224

Date

Daytime Phone #