


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000038913	
1. Entity Name ALL STATE AWNING, INC.	

FILED  
07 DEC -7 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 12750 SW 197 AVE MIAMI, FL 33196	Mailing Address 12750 SW 197 AVE MIAMI, FL 33196
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2. Principal Place of Business - No P.O. Box # 13212 S.W. 262 Terrace Suite, Apt. #, etc.	3. Mailing Address 13212 S.W. 262 Terrace Suite, Apt. #, etc.
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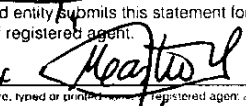
REINSTATEMENT 2007

City & State HOMESTEAD, Florida	City & State HOMESTEAD, Florida
Zip 33032	Zip 33032
Country	Country

4. FEI Number 20-4512592	Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NUNEZ, MARITZA 12750 SW 197 AVE MIAMI, FL 33196
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7. Name and Address of New Registered Agent Name: MARITZA NUNEZ Street Address (P.O. Box Number is Not Acceptable) 13212 S.W. 262 Terrace City: Homestead FL Zip Code: 33032
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 12/2/07

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NUNEZ, MARITZA 12750 SW 197 AVE MIAMI, FL 33196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300112951253 12/07/07--01051--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE 	DATE 12/2/07	DAYTIME PHONE 305-200-2082
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