

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -8 PM 4: 07

SECRETARY OF STATE
TALLAHASSEE, FL 32399

DOCUMENT # P07000103231

1. Corporation Name

ALL STATE QUALITY SERVICE CORP

REINSTATEMENT 09-10

000175000830
04/08/10--01043--011 **300.00

CR2E081 (11/09)

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

751 SE 3RD PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

751 SE 3RD PLACE

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33010

Country

USA

Zip

33010

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 09/17/2007

5. FEI Number

26-1086444

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

MANOLO DELGADO

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

751 SE 3RD PLACE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33010

☒ 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 04/06/2010

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
P	MANOLO DELGADO	751 SE 3RD PLACE	HIALEAH, FL 33010

204/9

10. E-mail Address:

(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:

MANOLO DELGADO

04/05/10

305-345-8581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #