

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 JUN 11 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA3000073517**

1. Corporation Name

ALL EVENTS INC.

Principal Place of Business

**1600 NE 135th
Suite PHW-1
NMB, Fla. 33180**

Mailing Address

**19531 NE 22ND RD
NMB, Fla. 33179**

REINSTATEMENT 05-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**19531 NE 22ND RD
Suite, Apt. #, etc.**

3. New Mailing Address, If Applicable

**19531 NE 22ND RD
Suite, Apt. #, etc.**

City & State

NMB, Florida.

City & State

NMB, Florida

Zip

33179-3620 DADE

Zip

33179-3620 DADE

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

OCT 21 1993

5. FEI Number

65-0505047

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Same	Luis Devilliers (35) 116-66-1763	223 N.W. 27th AVE.	miami, Fla. 33125
Same	FE Domenech (65) 590-41-2053	19531 NE 22ND RD	NMB, Fla. 33179

700002210587-1
-06/12/97-01108-003
*****1088.75 ***1088.75**

JBW-11-97

8. Name and Address of Current Registered Agent

FE Domenech
19531 NE 22ND RD
NMB, Fla. 33179-3620

9. Name and Address of New Registered Agent

Name

N/A

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

FE Domenech

REGISTERED AGENT MUST SIGN

Date

6/2/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

FE Domenech

1-1/2/97

(305) 255-3836
1-800-255-3836