

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
'96 FOR '97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 29 AM 8:27

DOCUMENT # P9300007 9967

1. Corporation Name

ALL IN ONE Convenience INC

Principal Place of Business

Mailing Address

910 S. PARSANORE
AVE ORLANDO
FL - 32805

→ SAME

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

9/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

593211256

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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
PRES	AKBAR Gulamali	7023 Tulbott DR	Orlando FL 32819
SECT	SOHIL Jivani	2123 S. Kirkman Rd #178	Orlando FL 32811
TREAS	HUSSEIN ALI	400 Intl Speedway	Daytona FL 32822

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-11/05/97--01096--018
****923.75 ****923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

SOHIL Jivani

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

2123 S. Kirkman Rd

Suite, Apt. #, Etc.

178

City

Orlando

State

Zip Code

FL

32811

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/25/97

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 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 under section 119.07(3)(i), 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:

SOHIL Jivani
[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-97 407 422-2022

Date

Daytime Phone #

CR20040 (12/96)