

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION FOR
STATEMENT
DOCUMENT # **94000032604**
ALLTYPE'S INC

Katherine Harris
Secretary of State

FILED

99 SEP 13 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

226 S Hill Ave
DeLand FL
32724

226 S Hill Ave
DeLand FL
32724

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

226 S Hill Ave

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number **59-3242124**

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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

p Mark G Schofield

226 S Hill Ave

DeLand FL 32724

300002986293

09/14/99 - 01010 - 004

***865.00 ***865.00

8. Name and Address of Current Registered Agent

Mark G Schofield
226 S Hill Ave
DeLand FL 32724

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

8/27/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

I, the undersigned, being the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. I further certify that when filing this 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 due to 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)(ii), F.S. The information indicated on this form 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

S. PAYNE

SEP 14 1999

8/27/99

Date

904 943 9026

City/State/Phone #

8/27/99

Mark.G.Schofield
226 South hill Ave
Deland Fl 32724
904/943/9026

Division of Corporations
Reinstatement Dept

To whom it may concern
This letter is to ask that the late fees be waved in the restatement of my corporation(Alltypes),as some of my mail did not get forwarded to my new address when I moved from 935 Joe St apt 5 Orange city to Deland,and I did not know that I need to do a return to you.

Sincerely,

Mark.G.Schofield.
Alltypes



RECEIVED
SEP 13 13 PM 2:00
DIVISION OF CORPORATIONS

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