

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
9/1/98 AR
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

98 OCT 23 PM 3:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000008300

1. Corporation Name ALL IN ONE APARTMENT TURNKEY, INC.

Principal Place of Business Mailing Address SAME
 6574 N STATE ROAD 7 SUITE 117
 COCONUT CREEK FL 33073-3625

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

2. New Principal Office Address, If Applicable
 SAME

3. New Mailing Office Address, If Applicable
 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida FEBRUARY 1 1995

5. FEI Number

Applied For

65-0551454

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
PRESIDENT	FERNANDO BETANCOURT	282 NW 11TH AV	BOCA RATON FL 33486
SECRETARY	MARRY BECKER	282 NW 11TH AV	BOCA RATON FL 33486
VICE P	MARK FOSTER	9845 WESTVIEW DR - 629	CORAL SPRINGS FL 33076

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-10/28/98-01031--004

***315.00 ***315.00

10/23

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
 343 ALMEIRA AVENUE
 CORALGABLES, FL 33134

Name

SAME

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

AmeriLawyer, Chartered

Date 10/20/98

REGISTERED AGENT MUST SIGN Lawrence J. Spiegel, President

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fernando Betancourt

Date

10/20/98

Daytime Phone #

954 8934582

CR2E040 (1/98)

**All In One Apartment Turnkey, Inc.
6574 North State Road 7
Suite 117
Coconut Creek, Florida 33073-3617**

October 14, 1998

**To: Florida Department of State
Division of Corporations**

Re: Reinstatement of active status of corporation

Dear Division of Corporations;

This letter is being sent with our reinstatement fee for the corporation, All In One Apartment Turnkey, Inc. Although we did send a change of address of the corporation, we never received the annual notice of filing, possibly because the change in the address was never entered into your computer system. We are sending this letter via certified mail to ensure your receipt.

All In One Apartment Turnkey, Inc. has a new address of:

**6574 North State Road 7
Suite 117
Coconut Creek, Florida 33073-3617**

Sincerely,



**Fernando Betancourt
President**

All In One Apartment Turnkey, Inc.