

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 25 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000047988**
1. Corporation Name **All American Financial Services
Inc.**

2. Principal Office Address
2901 W Busch Blvd #610
Suite, Apt. #, etc.
610

3. Mailing Office Address
Same
Suite, Apt. #, etc.

City & State
Tampa, FL
Zip
33618
Country
USA

City & State

Zip

Country

300017094653
04/25/03--01044--007 **450.00

4. Date Incorporated or Qualified
To Do Business in Florida **6-20-95**

5. FEI Number
59-3323333
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
Robert G. Alvarez
Street Address (P.O. Box Number is Not Acceptable)
3110 Taragrove Dr.
Suite, Apt. #, Etc.

City
Tpa

State
FL
Zip Code
33618

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 **Robert G. Alvarez**
REGISTERED AGENT MUST SIGN

Date **4-13-03**

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
Pres	Robert G. Alvarez	3110 Taragrove Dr.	Tpa Fl. 33618

10. 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: **Robert G. Alvarez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-03 (913) 334-3324
Date Daytime Phone #

CR2E081 (10/02)

April 22, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: All American Financial Services, Inc.
FEI #: 593323333
Corporation Reinstatement

To Whom it May Concern:

Enclosed is a reinstatement application and fee for the above referenced for-profit corporation. This letter is to attest that this corporation has not received a Uniform Business Report to file with your department since 2001. Therefore, please waive any late fees and find enclosed a check totaling \$450.00 for reinstatement.

Sincerely,

Robert G. Alvarez

Robert G. Alvarez