

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**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.

AR'S FILED 0001-0003
KRB 4/25/03

2. Principal Office Address <u>2901 W Busch Blvd # 610</u> Suite, Apt. #, etc. <u>610</u>		3. Mailing Office Address <u>Same</u> Suite, Apt. #, etc.	
City & State <u>Tampa, FL</u>		City & State	
Zip <u>33618</u>	Country <u>USA</u>	Zip	Country

300017094653 04/25/03--01044--007 **450.00	
4. Date Incorporated or Qualified To Do Business in Florida <u>6-20-95</u>	
5. FEI Number <u>59-3323333</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>Robert G. Alvarez</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>3110 Taragrove Dr.</u>		
Suite, Apt. #, Etc.		
City <u>Tpa</u>	State <u>FL</u>	Zip Code <u>33618</u>

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 Date 4-13-03
REGISTERED AGENT MUST SIGN

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)(l), 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 Date 4-13-03 (913) 334-3324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 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