

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000100244

1. Corporation Name

ALL American Ice Cream, Inc.

2. Principal Office Address

994 E. Carroll St.

Suite, Apt. #, etc.

Suite 8

City & State

Kissimmee, FL.

Zip

34744

Country

U.S.A.

3. Mailing Office Address

994 E. Carroll St.

Suite, Apt. #, etc.

Suite 8

City & State

Kissimmee, FL.

Zip

34744

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/09/1996

5. FEI Number

59-3415393

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

Manuel K. Diaz

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

198 Coral Reef Cir.

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34743

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

Date 09-22-2006

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
D	Manuel K. Diaz	198 Coral Reef Cir.	Kissimmee, FL 34743
D	Luz M. Diaz	198 Coral Reef Cir.	Kissimmee, FL 34743

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 contained in Chapter 119, 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:

Manuel K. Diaz

09-22-06

Date

407-8739774

Daytime Phone #

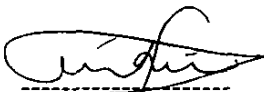
2072

**ALL AMERICAN ICE CREAM INC.  
994 E. CARROLL ST. SUITE B.  
KISSIMMEE, FL. 34744.  
FAX: 407-935-1031  
CELL: 407-873-9774**

To Whom It May Concern:

Since we have moved to a new location on 2004 a lot of our mail had been lost even though the address was change at the post office there fore we did not comply with the payment of uniform businesses report.

Sincerely

  
-----  
Manuel Diaz

Thank you.