


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000006992 1. Entity Name ALL AMERICAN FORM, INC.					
Principal Place of Business 54 GULFWINDS DR PALM HARBOR, FL 34683			Mailing Address 54 GULFWINDS DR PALM HARBOR, FL 34683		
2. Principal Place of Business 8304 WARBLER RD.		3. Mailing Address 8304 WARBLER RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WEEKI WACHEE, FL		City & State WEEKI WACHEE, FL		4. FEI Number 59-3419323	
Zip 34613		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCMANUS, ROBERT A 54 GULFWINDS DR PALM HARBOR, FL 34683			Name ROBERT A. MCMANUS		
			Street Address (P.O. Box Number is Not Acceptable)		
			8304 WARBLER RD.		
			City WEEKI WACHEE		Zip Code FL 34613
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>[Signature]</i> x 1/9/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME MCMANUS, ROBERT A		TITLE P/D	NAME ROBERT A. MCMANUS	
STREET ADDRESS 54 GULFWINDS DRIVE	CITY - ST - ZIP PALM HARBOR, FL 34683		STREET ADDRESS 8304 WARBLER RD.	CITY - ST - ZIP WEEKI WACHEE, FL 34713	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME			TITLE NAME		
STREET ADDRESS STREET ADDRESS			STREET ADDRESS STREET ADDRESS		
CITY - ST - ZIP CITY - ST - ZIP			CITY - ST - ZIP CITY - ST - ZIP		
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TITLE NAME			TITLE NAME		
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TITLE NAME			TITLE NAME		
STREET ADDRESS STREET ADDRESS			STREET ADDRESS STREET ADDRESS		
CITY - ST - ZIP CITY - ST - ZIP			CITY - ST - ZIP CITY - ST - ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> x 1/9/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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REINSTATEMENT 01/07

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