

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 19 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000012283

1. Corporation Name

ALLFORM PREPARATION INC

Principal Place of Business

787 NE 125TH ST. N.  
MIAMI FL 33161

Mailing Address

787 NE 125TH ST. N.  
MIAMI FL 33161

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/05/1997

5. FEI Number

Applied For

☒ 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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip           |
|---------------|-------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------|
| <del>D</del>  | <del>TAYLOR, EIRA</del>                   | <del>201 N OCEAN BLVD, SUITE 509</del>                                                         | <del>POMPANO BEACH FL 33062</del> |
| <del>D</del>  | <del>FARNHILL, PHILIP</del>               | <del>201 N OCEAN BLVD, SUITE 509</del>                                                         | <del>POMPANO BEACH FL 33062</del> |
| D, PT         | SOLANO, GARRY L.                          | 1110 SW 125TH AVE., APT. 208                                                                   | PEMBROKE PINES, FL.<br>33027-1960 |
| D, VP         | SOLANO, MELISSA L.                        | 1110 SW 125TH AVE., APT. 208                                                                   | PEMBROKE PINES, FL.<br>33027-1960 |
|               |                                           |                                                                                                |                                   |
|               |                                           |                                                                                                |                                   |
|               |                                           |                                                                                                |                                   |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~FARNHILL, PHILIP~~  
~~201 N OCEAN BLVD, SUITE 509~~  
~~POMPANO BEACH FL 33062~~

Name **GARRY L. SOLANO**  
Street Address (P.O. Box Number is Not Acceptable)  
**787 N.E. 125TH STREET**  
Suite, Apt. #, Etc. **300002700913--0**  
City **NORTH MIAMI** State **FL** Zip Code **33161**  
Date **12/02/98** Time **01:09:30** Daytime Phone # **50.00**

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 **Garry L. Solano**  
REGISTERED AGENT MUST SIGN

Date **November 16<sup>th</sup> 1998**

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: **Garry L. Solano** Date **November 16<sup>th</sup> 1998** (305) 891-0959  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ALLFORM PREPARATION INC**

**787 NE 125<sup>TH</sup> STREET, N. MIAMI. FL 33161**

**Telephone & Fax: (305) 891-0959**

**November 16<sup>th</sup> 1998**

**Division Of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314**

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**To Whom It May Concern:**

I received notice that my corporation has been Administratively Dissolved as of October 16<sup>th</sup> 1998 due to the failure in filing an Annual Report, Document Number: P97000012283.

I purchased this company on August 26<sup>th</sup> 1998 from the prior owners and was never advised that the Annual Report was due in October. If I had been notified, I can assure you that it would have been complied with expeditiously.

I spoke with an employee at your office, they stated that you may grant reinstatement for the sum of (\$150.00) On Hundred and Fifty Dollars.

Enclosed please find Check Number 481 in the aforementioned amount, also find a corrected copy of the Application For Reinstatement with the new Directors and Registered Agent.

Thank you for your time and consideration in this matter.

Very truly yours,

*Garry L. Solano*

Garry L. Solano,  
President

Enclosures