

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 DEC 21 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000065002

1. Corporation Name
ALLERGY SERVICES, INC.
10000

2. Principal Office Address
110011 Sawgrass Dr. E.

Suite, Apt. #, etc.

City & State
Ponte Vedra Beach, FL

Zip
32082

Country
US

3. Mailing Office Address
P.O. Box 695

Suite, Apt. #, etc.

City & State
Ponte Vedra Beach, FL

Zip
32082

Country
US

**4. Date Incorporated or Qualified
To Do Business in Florida** 7/28/1997

5. FEI Number
59-3473426

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

Bond, C. Guy

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

3010 S. Third Street

Suite, Apt. #, Etc.

City

Jacksonville Beach

State
FL

Zip Code
32250

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 12/17/01

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
P	Kelley, Diana D	P.O. Box 695	Ponte Vedra Beach, FL
			32082

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:

Diana D. Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-01
Date

Daytime Phone #

CR2E081 (9/00)



✓ Income Tax Service
✓ Financial & Insurance Services
✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

December 18, 2001

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Profit Corporation Annual Report
Document P97000065002 – Allergy Services, Inc.

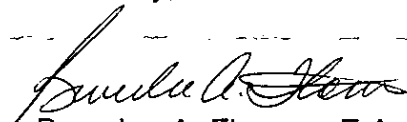
Dear Sir/Madam,

Please see the attached Application for Reinstatement for our client listed above. We are requesting a waiver of the late fee and ask that you accept the enclosed application. Her payment of \$150.00 has already been paid..

Ms. Kelly, President of the above Corporation, did not receive her first report for the 2000 registration period. She received the 2nd report late and attempted to file and pay as soon as possible. Upon review of her file, we contacted your office and were advised to forward the reinstatement application. She has always been very conscientious about forwarding all government paperwork to us and paying all yearly fees timely.

Thank you for your help with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,


Beverlee A. Flowers, E.A.

Enclosure: Application For Reinstatement