

1022
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -5 AM 8:00

DOCUMENT # **P97000093362**

1. Corporation Name

ALL POINTS TELECOMMUNICATIONS, INC.

REINSTATEMENT

03-04
MRB

2. Principal Office Address

1612 20TH AVE. WEST

Suite, Apt. #, etc.

City & State

PALMETTO, FL

Zip

34221

Country

USA

3. Mailing Office Address

1612 20TH AVE. WEST

Suite, Apt. #, etc.

City & State

PALMETTO, FL 34221

Zip

34221

Country

USA

300035533823

05/05/04--01046--011 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1997

5. FEI Number

650913724

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

HEMKE, DONALD / CARLTON FIELDS

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

777 HARBOR ISLAND BLVD.

Suite, Apt. #, Etc.

City

TAMPA,

State

FL

Zip Code

33602-5799

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

DAAR

REGISTERED AGENT MUST SIGN

Date **4/29/03**

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	DEBRA A. BOUDET	1612 20TH AVE. WEST	PALMETTO, FL 34221

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:

Debra A Boudet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

282

Florida Dept. Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Document # P97000093362
All Points Telecommunications, Inc.

To Whom It May Concern:

Regarding the above mentioned, Document and corporation, I am sending you a \$300.00
filing fee for the years 2003 and 2004.

Please be advised that we did not receive our annual, report filing postcard for 2003
therefore the penalties should be waived.

Thank You,

Debra Boudrot

Debra Boudrot

file