

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -9 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000006773

1. Corporation Name

ALLYN SERVICES, INC.

2. Principal Office Address

801 White Point Rd

Suite, Apt. #, etc.

Site 19

City & State

Niceville, FL

Zip

32578

Country

US

3. Mailing Office Address

P.O. Box 5175

Suite, Apt. #, etc.

City & State

Niceville, FL

Zip

32578

Country

US

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-21-98

5. FEI Number

593495288

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6-8-04

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 |
|-------------------|--------------------------------------|---|---------------------|
| PRES VP SEC | ALAN M RECK | 801 white PT Rd | Niceville, FL 32578 |
| | CAROLYN RECK | 801 white PT Rd | Niceville, FL 32578 |
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900037801209

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:

[Signature]

ALAN M RECK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/2004

Date

850-902-1675

Daytime Phone #

CR2E081 (10/02)

252



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 727785 5120376

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 1050.00

ORDER DATE : June 8, 2004

ORDER TIME : 9:40 AM

ORDER NO. : 727785-005

CUSTOMER NO: 5120376

CUSTOMER: Alan Reck
Allyn Services, Inc.
P.o. Box 5175

Niceville, FL 32578

DOMESTIC FILINGS

NAME: ALLYN SERVICES, INC.

RECEIVED
04 JUN -9 AM 11:19
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS _____