

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

Pg 1 of 2

00 OCT 27 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000007014**

1. Corporation Name

ABOVE ALL SERVICES, INC.

Principal Place of Business

2350 NE 17 ST.
POMPANO BEACH FL 33062

Mailing Address

P.O. BOX 1833
POMPANO BEACH FL 33061



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/1998

5. FEI Number

65-0808278

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHAFFER, JOHN	2350 NE 17 ST.	POMPANO BEACH FL 33062

8. Name and Address of Current Registered Agent

SHAFFER, JOHN
2350 NE 17 ST.
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/00

Date

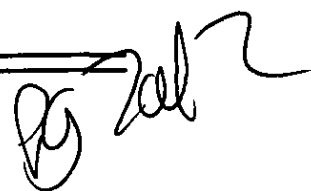
954-270-6231

Daytime Phone #

CR2ED40 (8/00)

ABOVE ALL SERVICES, INC

2350 NE 17 ST ~ POMPANO BEACH, FL 33062-3209 ~ PO BOX 33061-1833
Phone (954) 781-2530



October 25, 2000

State of Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Re-instatement of Corporation status

Document # P98000007014
Above All Services, Inc

Sir/Madame,

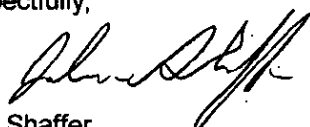
I am contacting you in regards to my renewal for Incorporation. There are many reasons for my failure to meet the deadline for continuance of incorporation.

As you may have noted in your files, we were late with filing last year due to the fact that our CPA had a brain aneurysm and has subsequently been in a coma. This is but one condition that has hampered our efforts in maintaining responsibility. At the same time, my Father was diagnosed with throat cancer and became increasingly ill and in need of physical and emotional care. This took quite a bit of our attention at that time. We appreciate your efforts during this difficult period last year which allowed us resolve the account without added late fees.

This year, we were unaware that it was, again, time for renewal since we did not receive the first Notice for Renewal at all. As added reason for our ignorance, we were pre-occupied with the care of my Father. Having so much devotion of time and energy to him has obviously taken it's toll on my energy and attention. Unfortunately, my Father has since passed away, along with my Aunt, also of cancer. It's been a difficult and very busy year since I still had to maintain my business, being the sole employee, while still providing for my relatives in need. Time has passed by like a blur. The fee was paid around the time of the second notice, but was received late, thus creating a balance due. Now that these things have passed, I'm sure we can stay more focused on the business at hand. We are interested in resolving our account status and again ask for your assistance and understanding.

We spoke to a representative from your office who told us to send this letter to explain our hardships and would appreciate that you accept our previous payment (Above All Services, Inc check #1531 for \$150.00 and has cleared our bank) as full payment for our incorporation fees while considering the above mentioned conditions and further note that we shall pay more attention to these matters in the future. If you are in need of further information, please feel free to contact me at my Post Office Box address so that we may further correspond and conclude our business. Again, we appreciate your efforts on our behalf.

Respectfully,



John Shaffer