

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -6 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P980000240485

1. Corporation Name

ALLSTATE NETWORK, INC.

W02-7447

REINSTATEMENT 01-02

2. Principal Office Address

2500 Del Prado Blvd.

Suite, Apt. #, etc.

City & State

Cape Coral FL

Zip

33904

Country

USA

3. Mailing Office Address

2500 Del Prado Blvd.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33904

Country

USA

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

3/2/98

5. FEI Number

65-0892510

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

WALTER HORTON

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

2500 Del Prado Blvd.

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

100005556231-7
-05/17/02--01015--008
***1200.00 ***1050.00

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

Walter Horton

REGISTERED AGENT MUST SIGN

Date 3/25/02

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	Walter Horton	2500 2500 Del Prado Blvd.	Cape Coral, FL 33904
S	Walter Horton	2500 Del Prado Blvd.	Cape Coral, FL 33904

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:

Walter C. Horton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/02

Daytime Phone #

1-741-574-3800

CR2E081 (9/01)

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P980000240485

1. Entity Name

ALLSTATE NETWORK, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2500 Del Prado Blvd.

Suite, Apt. #, etc.

3. Mailing Address

250 Del Prado Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Cape Coral, FL

City & State
Cape Coral, FL

4. FEI Number
65-0892510

Applied For
Not Applicable

Zip
33904

Country
USA

Zip
33904

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Walter Horton

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

2500 Del Prado Blvd.

City
Cape Coral FL Zip Code
33904

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/02

9. This corporation is eligible to satisfy its Intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Walter Horton
2500 Del Prado Blvd.
Cape Coral, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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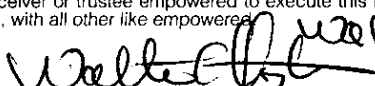
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/02

1-911-574-5820

CR2E034B (12/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 18, 2002

ALLSTATE NETWORK, INC.
2500 DEL PRADO BLVD
CAPE CORAL, FL 33904

SUBJECT: ALLSTATE NETWORK, INC.
Ref. Number: P98000020485

We have received your document for ALLSTATE NETWORK, INC. and check(s) totaling \$1200.00. However, your check(s) and document are being returned for the following:

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 702A00016175