


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                      |  |
|--------------------------------------|--|
| <b>CORPORATION<br/>REINSTATEMENT</b> |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |
|--------------------------------------|--|

FILED

03 OCT 28 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P980000 33101

1. Corporation Name ALL IN ONE SUPERSTATION INC

P980000 33101

|   |                      |   |                      |
|---|----------------------|---|----------------------|
| 2. Principal Office Address<br><u>538 LANTERNBACK ISLAND DR.</u><br>Suite, Apt. #, etc. _____ |                      | 3. Mailing Office Address<br><u>538 LANTERNBACK ISLAND DR.</u><br>Suite, Apt. #, etc. _____ |                      |
| City & State<br><u>Satellite Beach, FL.</u>   |                      | City & State<br><u>Satellite Beach, FL.</u>   |                      |
| Zip<br><u>32937</u>   | Country<br><u>US</u> | Zip<br><u>32937</u>   | Country<br><u>US</u> |

REINSTATEMENT 03

|   |  |
|---|--|
| 4. Date Incorporated or Qualified<br>To Do Business in Florida <u>4/09/98</u>   |  |
| 5. FEI Number<br><u>593503882</u>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required<br>for a Certificate of Status |  |

|   |                    |                          |
|---|--------------------|--------------------------|
| 7. Name and Address of Current Registered Agent   |                    |                          |
| Name<br><u>GARY D. STOLTZ</u> <u>JOHN S. STOLTZ</u>                                       |                    |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><u>538 LANTERNBACK ISLAND DRIVE</u> |                    |                          |
| Suite, Apt. #, Etc. _____   |                    |                          |
| City<br><u>Satellite Beach</u>  | State<br><u>FL</u> | Zip Code<br><u>32937</u> |

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]

Date 10/22/03

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip               |
|----------|--------------------------------------|---|----------------------------------|
| <u>D</u> | <u>JOHN S. STOLTZ</u>                | <u>538 LANTERNBACK ISL. DR.</u>                   | <u>Satellite Beach, FL 32937</u> |
| <u>D</u> | <u>CHRISTINA K. STOLTZ</u>           | <u>538 LANTERNBACK ISL DR.</u>                    | <u>Satellite Beach FL 32937</u>  |
| <u>D</u> | <u>ERNEST HOLZMAN</u>                | <u>538 Lanternback Isl. Dr.</u>                   | <u>Satellite Beach FL 32937</u>  |
|          |                                      |   |                                  |
|          |                                      |   |                                  |
|          |                                      |   |                                  |
|          |                                      |   |                                  |

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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)(b), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03

Date

Daytime Phone #

gr 10/31

CR2E081 (10/02)