

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P98000041730

01 JAN 23 AM 11:36

1. Corporation Name

ALL WALL COMPANY

Principal Place of Business

Mailing Address

4646 NORTHWEST 8TH WAY  
OAKLAND PARK FL 33309

4646 NORTHWEST 8TH WAY  
OAKLAND PARK FL 33309



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/08/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0992954-00000000

Not Applicable

Zip

Country

Zip

Country

33314

USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVTS	GRIFFIN II, H. JOHN	4646 NORTHWEST 8TH WAY	OAKLAND PARK FL 33309
D	GRIFFIN II, H. JOHN	4646 NORTHWEST 8TH WAY	OAKLAND PARK FL 33309

900003583109--9  
-01/29/01--01006--005  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERIL MYER

343 ALMERIA AVENUE

CORAL GABLES FL 33134

Name

H. JOHN GRIFFIN II

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

5398 SW 61 AVE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

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

Date

11/10/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. JOHN GRIFFIN II

11/6/00

Date

(954) 325-7578

Daytime Phone #

CR2E040 (8/00)

# All Wall Company

4646 NW 8<sup>th</sup> Way  
Oakland Park, FL 33309  
(954) 325-7578  
FAX: (520) 569-9094

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November 6, 2000

Florida Department of State  
Division of Corporations  
Annual Reort / Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Reinstatement of "All Wall Company"

Dear Sirs:

For the last few months I have not been at the warehouse/office at the address listed on the application form. This area is constantly under construction and my mail gets misplaced often. This is typically not a problem when I am at this office, but since I have not been here my mail seems to get lost easily.

The attached document is the first one of its kind I have received. I apologize for any inconvenience this may cause you. I have changed the mailing address to a residence of 20 years to assure receipt. (see form)

Please waive the fees this one time as I have made the proper arrangements so this will not happen again.

I have reflected the FEI No: on the form. It is **65-0992954**

Sincerely,

H. John Griffin II, Pres.

ATTN:  
TYLONE SCOTT