

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 31 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000041730

1. Corporation Name

ALL WALL COMPANY

Principal Place of Business

4646 NORTHWEST 8TH WAY  
OAKLAND PARK FL 33309

Mailing Address

5396 SW 61 AVE  
DAVIE FL 33314

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

05/08/1998

5. FEI Number

65-0992954

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
PVTS	GRIFFIN, H. JOHN II	4646 NORTHWEST 8TH WAY	OAKLAND PARK FL 33309
D	GRIFFIN, H. JOHN II	4646 NORTHWEST 8TH WAY	OAKLAND PARK FL 33309

700009863427  
01/06/03--01040--009 \*\*150.00

8. Name and Address of Current Registered Agent

GRIFFIN, H. JOHN  
5396 SW 61 AVE  
DAVIE FL 33314

9. Name and Address of New Registered Agent

Name

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

5396 SW 61 Avenue

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/30/02

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

Date

Daytime Phone #

12/30/02 (954) 325-7578

CR2040 (8/02)



**Energy Efficient - Green Building Material - Invulnerable to Termites**  
**2 Hour Fire rating - Masonry Construction - Stronger than Concrete Blocks**

Florida Department of State  
Division of Corporations

100-443887-1000

Prior UBR filing notices were not received by this company. The address on the form was off a digit. It has been corrected.

*[Handwritten signature]*

H. John Griffin II, President