

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR -7 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02-03

DOCUMENT # P98000042174

1. Corporation Name  
All Flags Construction, Inc.

2. Principal Office Address  
3694 23rd Ave

Suite, Apt. #, etc.  
Bay # 2

City & State  
Lake Worth, FL

Zip Country  
33461 U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number 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  
Gene Manning

Street Address (P.O. Box Number is Not Acceptable)  
3694 23rd Ave

Suite, Apt. #, Etc.  
Bay # 2

City  
Lake Worth

300013640633

03/07/03--01008--022 \$310.00

State Zip Code  
FL 33461

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 Gene Manning

Date 2/27/03

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Gene Manning	1171 Woodcrest Rd W	West Palm Beach Florida 33417

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: Gene Manning  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E081 (10/02)

jr 3/7

# ALL FLAGS CONSTRUCTION

*3694 23<sup>RD</sup> Ave. S. Bay # 2  
Lake Worth, FL 33461  
561-582-9937*

February 27, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: All Flags Construction, Inc.  
P98000042174

To whom it may concern:

Please be advised that we did not receive the Annual Corporate Business Report for the year 2002 because our office moved. We respectfully request that you abate all penalties. Enclosed please find a check in the amount of \$300 for the year 2002 and 2003, as instructed by your office.

Thank you for your attention to this matter.

Sincerely,



Denise Hendel

Enclosure