PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

APPROVED AND FILED

02 FEB -8 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000052719

1. Corporation Name
ALL YOUR DETAILS INC.

2. Principal Office Address	3. Mailing Office Address
120 N.E. 1ST AVE	120 NE. 1ST AVE
Suite, Apt. #, etc. APT - B	Suite, Apt. #, etc. APT - B
City & State HALLANDALE FLORIDA	City & State HALLANDALE FLARIDA
Zip 33009 Country U.S.	Zip 33009 Country U.S.

400004981894--7
-02/21/02--01063--006
*****300.75 *****300.75

4. Date Incorporated or Qualified To Do Business in Florida 8/10/98

5. FEI Number 650850304 ☐ 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: THOMAS B ANNILLO

Street Address (P.O. Box Number is Not Acceptable): 120 N.E. 1ST AVE HALLANDALE FLORIDA

Suite, Apt. #, Etc.: APT - B

City: HALLANDALE State: FL Zip Code: 33009

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 _____ Date 2/5/2002
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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	Thomas B. Annillo	120 N.E. 1ST AVE	HALLANDALE FL. 33009

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: _____ 2/5/2002 954-455-3960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2-5-2002

Dept. of State
Div. of Corporation

To whom it may concern;

Our conversation on 2-4-2002, I had explained to someone in your office that the woman who took care of my bookkeeping, her and I got personaly involved over time, during the year 2001 we went our separate ways, and the result of the break up she kept important documents of mine that without my knowledge. I was unable to retrieve them even as of today. Apparently she neglected to file my 2001 annual corporate report, it only came to my knowledge when I applied for a city of Hallandale occupation license.

I would appreciate any assistance in waiving the late fee as it was out of my hands. I have enclosed a check for $308.75, $8.75 for certificate of status once you have re-instated my corporation.

Sincerely
Thomas Annillo
president