PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
02 MAR 22 PM 2:02

CORPORATION REINSTATEMENT 01/02

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

DOCUMENT # P98000064482

1. Corporation Name

ABOVE ALL MANAGEMENT, INC.

2. Principal Office Address		3. Mailing Office Address	
9340 SW 9th Terrace		9340 SW 9th Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Ocala, Florida		Ocala, Florida	
Zip	Country	Zip	Country
34476	Marion	34476	Marion

4. Date Incorporated or Qualified To Do Business in Florida 7/20/1998

5. FEI Number 59-3576245 ☐ 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: McMinn, Steve

400052051543
04/08/02--01055--006
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 9340 SW 9th Terrace

Suite, Apt. #, Etc.:

City: Ocala | State: FL | Zip Code: 34476

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: Steve McM Date: 3-15-02

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
D	McMinn, Steve	9340 SW 9th Terrace	Ocala, Florida 34476
D	McMinn, Kristen	9340 SW 9th Terrace	Ocala, Florida 34476

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: Kristen McMinn 3-15-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Above All Management, Inc.
C/o Steve & Kristen McMinn
9340 S.W. 9th Terrace
Ocala, Florida 34476

Document #P98000064482
FEI Number 59-3576245

FLORIDA DEPARTMENT OF STATE
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Madame,

This letter is a request to wave the penalty fees due to the fact that we moved and did not receive the Uniform Business Report form. Please accept out apologies and re-instate Above All Management, Inc. We are sending the appropriate form along with the funds due for 2002.

Thank you for your attention to this matter. We can assure you we will be more aware of future dead lines regarding the filing of this form.

Sincerely,
Steve & Kristen McMinn
President