

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 APR 30 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000076529

1. Corporation Name

ALL ISLAND EXPORTS INC.

2. Principal Office Address

1580 NW 27TH AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Bay 1

Suite, Apt. #, etc.

City, State

Pompano Beach Florida

City & State

Zip

33069

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/98

5. FEI Number

65-0863974

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

PAUL A KRASKER

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

625 NORTH FLAGLER DRIVE

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33402

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

REGISTERED AGENT MUST SIGN

Date

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	PAUL A BROCK	21573 HOLLAND AVE DR	BOCA RATON FLORIDA 33433
VP	JOHN BROCK	16346 MARIPOSA CIRCLE NORTH	PENSACOLA PINES FLA 33331

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:

Paul Brock PAUL BROCK

Date

3/25/02

Daytime Phone #

954  
677-9366

CR2E081 (9/01)