

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P98000098512

1. Corporation Name

ALLIED STAIR DESIGNS, INC.

2. Principal Office Address

2436 N. FEDERAL HIGHWAY
Suite, Apt. #, etc.

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT, FL

Zip

33064

Country

USA

City & State

Zip

Country

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/23/98

5. FEI Number
65-06-72538

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

JACK GOODWIN

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

2755 N.E. 28TH AVENUE

Suite, Apt. #, Etc.

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064

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**

Jack Goodwin

REGISTERED AGENT MUST SIGN

JACK GOODWIN

Date November 27, 2000

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
PRESIDENT/ DIRECTOR	JACK GOODWIN	2755 N.E. 28TH AVENUE	LIGHTHOUSE POINT, FL 33064
			05-03-qq 90073 045 \$150.00

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:

Jack Goodwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JACK GOODWIN

11/27/2000
Date

954-782-5700
Daytime Phone #