

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 26 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000016204

1. Corporation Name

All American Service of Collier County, Inc

2. Principal Office Address

3291 7th Ave S.W

Suite, Apt. #, etc.

3. Mailing Office Address

3291 7th Ave S.W.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples FL

Zip

34117

Country

USA
Collier

Zip

34117

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-18-99

5. FEI Number

59-2654651

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

Maurice P. Maggard

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

3291 7th Ave S.W

Suite, Apt. #, Etc.

900004275679-2

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****900.00 ****900.00

City

Naples

State

FL

Zip Code

34117

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

Maurice P. Maggard

REGISTERED AGENT MUST SIGN

Date 4-18-01

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	Maurice P. Maggard	3291 7th Ave S.W.	Naples FL 34117
V	Chris Dawson	1342 Center Ln	Naples FL 34110
T	John Shoemaker	1342 Center Ln	Naples FL 34110

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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:

Maurice P. Maggard

Maurice P. Maggard 4-18-01

Date

(941) 353-6415

Daytime Phone #

CR2E081 (9/00)