

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000036496

1. Corporation Name

ALL AMERICAN MARKETING CORP.

Principal Place of Business

Mailing Address

19842 NW 86 COURT
MIAMI FL 33015

19842 NW 86 COURT
MIAMI FL 33015

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
CLERK OF COURT
DIVISION OF CORPORATIONS

00 OCT 24 AM 10:06



06-06-06 90004 038 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/1999

5. FEI Number

65-0913230

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	NOA-PEREZ, ODALYS	19842 NW 86 COURT	MIAMI FL 33015
VD	CESAR PEREZ, JULIO	19842 NW 86 COURT	MIAMI FL 33015

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NOA-PEREZ, ODALYS
19842 NW 86 COURT
MIAMI FL 33015

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/18/00

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/00

Daytime Phone #

CR2E040 (8/00)

2

10/17/00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL. 32314-6327

As per my conversation with one of your customer service person (Vivian) yesterday, a couple of months ago, I receive a package like this red one, in blue or green which I took to my accountant. He or someone in his office fills it out; they ask me for a check for the account of \$150.00. (1007-04/23/00-cash on 06/07/00) I took the check and sign form and they mail it. I DID NOT receive anything else since yesterday. I was inform yesterday by your company that the FEI # id missing 65-0913230. I would appreciate if this could be corrected.

Sincerely,

ODALYS NOA PEREZ
ALL AMERICAN MARKETING
19842 NW 86 CT
MIAMI, FL. 33015
305-829-0479
305-335-7887