

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000054392

1. Corporation Name

ABOVE ALL GARAGE DOOR CORP.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 15 PM 12:56

Principal Place of Business

Mailing Address

~~15837 N.W. 4TH COURT~~ *New Address*  
~~PEMBROKE PINES FL 33028~~  
8034 NW 103<sup>rd</sup> #26  
Hialeah Garden flr. 33016

~~15837 N.W. 4TH COURT~~  
~~PEMBROKE PINES FL 33028~~  
8034 NW 103<sup>rd</sup> #26  
Hialeah Garden flr. 33016



REINSTATEMENT 00

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

4. Date Incorporated or Qualified  
To Do Business In Florida

06/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0927002

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RODRIGUEZ, MARIO	15837 N.W. 4TH COURT	PEMBROKE PINES FL 33028
V	PAREDES, REYNALDO	116 N.E. 2 AVE.	HALLANDALE FL 33009

000003488090--6  
12/05/00--01099--002  
\*\*\*\*750.00 \*\*\*\*750.00

*11/10/30*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, MARIO  
~~15837 N.W. 4TH COURT~~  
~~PEMBROKE PINES FL 33028~~

*New Address*  
8034 NW 103<sup>rd</sup>  
#26 Hialeah Garden  
flr. 33016

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]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11-10-2000

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-10-2000

Daytime Phone #