

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

1082

FILED

00 OCT 31 PM 3:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000066154

1. Corporation Name

ALL SYSTEMS MAINTENANCE, INC.

Principal Place of Business

720 SILVER SMITH CIR.  
 LAKE MARY FL 32746

Mailing Address

720 SILVER SMITH CIR.  
 LAKE MARY FL 32746

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

07/19/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-358-6656

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	FRED ENGSTROM	720 SILVER SMITH CIR	LAKE MARY FLA 32746
Secretary	Joe Santopietro	945 Bird Bay Ct	LAKE MARY FLA 32746

400003468794--3  
 -11/17/00--01067--017  
 \*\*\*\*\*150.00 \*\*\*\*\*150.00

LS

8. Name and Address of Current Registered Agent

ENGSTROM, FRED  
 720 SILVER SMITH CIR.  
 LAKE MARY FL 32746

9. Name and Address of New Registered Agent

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

9/14/00

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRED ENGSTROM 9/14/00 407-221-5375

2062

**ALL SYSTEMS**  
**Inc. Maintenance**



October 17, 2000

Division of Corporations  
Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl 32314-6327

Dear Division of Corporations:

All Systems Maintenance Incorporated is a new corporation established in July of 1999. I Fred Engstrom, President of All Systems did not receive a notice to file and I was unaware of the renewal process and annual fees. Upon receiving a second notice a check and signed document was mailed.

I received an additional notice requesting a check and application. I called Division of Corporations and found out that my check and application was never received.

Please accept payment of \$150.00 to reinstate All Systems Maintenance Corporation and consider waiving the penalty fees.

In the future I will mail all correspondence registered mail to insure payment and application is received.

Any consideration on the Division of Corporations in waiving the penalty fee for All Systems Maintenance will be greatly appreciated.

Sincerely,

Fred Engstrom

President

P.O. Box 951352 Lake Mary, FL 32795-1352  
(407)-221-5375 (407) 221-5574  
Fax (407)688-8778