

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **509666**

1. Corporation Name

ALL AROUND Property Management, Inc.

2. Principal Office Address

**200 ALLAN LANE
MELBOURNE BEACH FL 32951**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

**PO Box 570455
MELBOURNE Bch, FL 32951-0455**

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05 18, 1990

5. FEI Number

06-8505733

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300011794043
02/04/03--01093--010 **300.00

7. Name and Address of Current Registered Agent

Name

RICHARD WRENN

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

200 ALLAN LANE

Suite, Apt. #, Etc.

PO Box 570455

City

MELBOURNE BEACH FL

State

FL

Zip Code

32951

300011794043
02/04/03--01093--011 **8.75

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

[Signature]

Date

1/9/03

REGISTERED AGENT MUST SIGN

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
PST	RICHARD WRENN	200 ALLAN LANE	MELBOURNE BEACH FL 32951

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:

[Signature] **RICHARD WRENN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

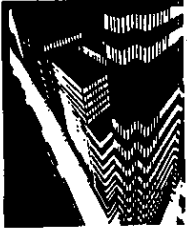
Date

1/9/03

Daytime Phone #

321-7775552

CR2081 (10/02)



**ALL AROUND
PROPERTY MANAGEMENT, INC.**
"SIMPLY THE BEST"
... SINCE 1986

232

visit our website @www.allaroundpropertymgt.com

January 9, 2003

Department of State
Division of Corporations
Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Yesterday, while searching for new corporation insurance policies, I was informed that I could not obtain those policies because my corporation had been dissolved.

I called the Corporation Bureau and explained that I had just reopened the corporation in 2001 and had received no notification for corporation renewal.

I was instructed to write this letter, download this form and mail them to you, along with a check for \$300.00 for renewal and \$8.75 for a Certificate of Status.

Thank you for your cooperation and consideration regarding this matter.

Sincerely,

Richard Wrenn, L.C.A.M.
Oceanside Village Homeowners Association, Inc.

/psw

Enclosures: As Stated