CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

S51246

All State Building Construction Corp.

FILED 01 JUN 19 PH 12: 22 SECRETARYIOF STATE TALLAHASSEE, FLORIDA

| | | | | | | | | | ' | | | | | |
|---------------------------|-----------------------|--|---------------------------|---|----------------|---|--|-------------|--|-----------------------|---------------------|----------------------------|---------------------------------------|--|
| 2. Princip | al Office Add | 1883 | 3. Mailing Office Address | | | | | | į | | | | | |
| 1: | 2064 S | andy Shores | r. Same | | | | | | | | | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | | | | | | | | |
| | | | | | | <u>, </u> | 4. Date Incorporated or Qualified To Do Business in Florida | | | | | | | |
| City & State | • | | City & State | | | | 5. FEI Number | | | |].1 | Applie | d Fac | |
| Windermere, Fl. | | | | | | | 59-3064046 | | | | <u> </u> | Applied For Not Applicable | | |
| Zip Country Orange | | Zip | Country | | ľ | 6. CERTIFICATE OF STATUS DESIRED | | | \$8.75 Additional Fee required for a Certificate of Status | | | | | |
| | | | 7. N | lame and Add | fress of Curre | ent Registere | d Agent | | | | | | | |
| | Name | Mark Fette | | | - | | ·/· | | 044 | 151 | 58 | 8 | -0 | |
| 7 (5) | 1206/ Sandy Shores Dr | | | | | | | | | 11050 | : ∗ 9 } | 18 ja | | |
| - ^2- | Suite, Api | | | ; ; ; , | | , , , | | | 48. 23. 42 | 3 - 3 - | - He stero | - 4 31, (|). (O | |
| | City W | indermere | | i | | | | State FL | Zip Coc 34 | 1e 786 | | | · · · · · · · · · · · · · · · · · · · | |
| Signature o Registered | of | e registered agent of the abo | Jah EGISTERED AG | L72 ENT MUST S | Elle IGN | | | | 06 | | | / | | |
| 9. Names | and Street A | Addresses of Each Officer and | i/or Director (Flo | rida nonprofit | corporations n | nust list at lear | st 3 directors) | | | | | | | |
| Titles | | Name of Officers and/or Directors | | Street Address of Ea Officer and/or Direct | | | tor | | | City / State / Zip | | | | |
| Pres | Mar | k Fette | | 12064 | Sandy | Shore | s Dr. | Wind | erme | re, I | 71. | 347 | 86 | |
| .Pre | s. Dar | lene Fette | • | 12064 | Sandy | Shores | s Dr. | Wind | erme | re, I | řl. | 347 | 86 | |
| | | | | | | - 4 200 | 10 | | | | | | <u>-</u> | |
| | | | QE | STA | TEN | NTO | 0-0 E | 1-1 18 | 3 ; · | | | | | |
| | . <u>C.</u> | TO THE STATE OF TH | - | | | **** | Alleria de la Carta de La Cart | | امنید (۱۳۲۰-۱۳۵۱) | ra | | | <u>'</u> | |
| | tana say | The state of the s | | | • | | | | | | | | | |

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Fette-Pres