

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 11 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S90143

**1. Corporation Name**

ALL FIRE SERVICES, INC

**2. Principal Office Address**

2027 SHERMAN ST

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33020

Country

USA

**3. Mailing Office Address**

2027 SHERMAN ST

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33020

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/28/91

**5. FEI Number**

650402844

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

000025406150  
12/11/03-01011-005 \*\*1058.75

REINSTATEMENT 01-03

**7. Name and Address of Current Registered Agent**

Name

WENDY BRASECKER

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

2027 SHERMAN STREET

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

**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

Wendy Brasecker

REGISTERED AGENT MUST SIGN

Date

12/5/03

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

| Titles   | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|----------|--------------------------------------|---|---------------------|
| P        | JEROME COHEN                         | 2027 SHERMAN ST                                   | Hollywood FL 33020  |
| V<br>SIT | WENDY BRASECKER                      | 2027 SHERMAN ST                                   | Hollywood, FL 33020 |
|          |                                      |   |                     |
|          |                                      |   |                     |
|          |                                      |   |                     |

**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:

Wendy Brasecker WENDY BRASECKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/03

Daytime Phone #

954.367.3607

CR2E081 (10/02)