

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -6 PM 1:08

DOCUMENT #

V65245

1. Corporation Name

ALL Service Enterprise, Inc
145 Carswell Ave.
Holly Hill, FL 32117

2. Principal Office Address

145 Carswell Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Holly Hill, FL

City & State

Zip

32117

Country

Volusia

Zip

Country

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

1992

5. FEI Number

59-3136982

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kathy Egger

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

659 Tumblebrook Dr.

Suite, Apt. #, Etc.

300005134423--9

-03/19/02--01049--021

***1200.00 ***1200.00

City

Port Orange, Florida 32127

State

FL

Zip Code

32127

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

Kathy Egger

Date 3.4.02

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
P	Kathy Egger	659 Tumblebrook Dr.	Port Orange, FL 32127
M/D	Denise Nirsch	773 Greenway Pl.	Daytona Bch, FL 32114

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:

Kathy Egger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.4.02 386-2481277

Date

Daytime Phone #

CR2E081 (9/00)