PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 25 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026681

1. Corporation Name

ALL HOMEPRO, INC.

Principal Place of Business	Mailing Address
12441 REGENCY AVE. SEMINOLE FL 33772	12441 REGENCY AVE. SEMINOLE FL 33772

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/14/2001

5. FEI Number: 59-3709831 ☐ Applied For ☐ Not Applicable

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ENGUITA, JAMES L	12441 REGENCY AVE.	SEMINOLE FL 33772

300008596183
10/25/02--01076--025 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ENGUITA, JAMES L 12441 REGENCY AVE. SEMINOLE FL 33772	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: James L. Enguita SIGNATURE REQUIRED Date: 10-22-02
REGISTERED AGENT MUST SIGN

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: James L. Enguita SIGNATURE REQUIRED JAMES L. ENGUITA 10-22-02 (727) 638-0757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0089479 AT

All HomePro, Inc.
12441 Regency Ave.
Seminole, Fl. 33772

October 22, 2002

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

Re: 2002 corporation annual report/uniform business report

Gentlemen:

Enclosed please find my completed annual report, and my check in the amount of $150.00

Since I did not receive the original mailings of this form, and therefore, did not file it within the prescribed time limits, I ask that you accept my payment to maintain active status, and waive the reinstatement fee.

Thank you for your consideration.

Very truly yours,

James L. Enguita

James L. Enguita
President