

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 09 FEB 17 PM 4:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # D05000124844

1. Corporation Name

AMERIPRO INC.

2. Principal Office Address - No P.O. Box #

Z19 DIAMOND ACRES RD

Suite, Apt. #, etc.

City & State

DAVENPORT, FL.

Zip

33837

Country

POLK

3. Mailing Office Address

Z19 DIAMOND ACRES RD.

Suite, Apt. #, etc.

City & State

DAVENPORT, FL.

Zip

33837

Country

POLK

7. Name and Address of Current Registered Agent

Name

ADAM M. SADOWSKI

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

Z19 DIAMOND ACRES RD

Suite, Apt. #, Etc.

City

DAVENPORT

State

FL

Zip Code

33837

4. Date Incorporated or Qualified To Do Business in Florida

9-9-2005

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

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 | ADAM M. SADOWSKI | Z19 DIAMOND ACRES RD. | DAVENPORT, FL. 33837 |
| VP | TODD W. SADOWSKI | Z19 DIAMOND ACRES RD. | DAVENPORT, FL. 33837 |
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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 contained in Chapter 119, 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:

Adam Sadowski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-09 863-353-5202

Date

Daytime Phone #

2/17/09