

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 NOV 24 PM 3:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **430560**

1. Corporation Name

PROYEXALL PRODUCTS, INC.

Principal Place of Business

1075 HWY 427 NORTH
 LONGWOOD FL 32750
 US

Mailing Address

1075 HWY 427 NORTH
 LONGWOOD FL 32750
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/28/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1472470

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	TOVEY, CHARLES A.	1660 CHEYENNE TR.	MAITLAND FL
ST	TOVEY, C. LANI	1660 CHEYENNE TR.	MAITLAND FL
VD	HUTTO, ERNEST L	508 TOPAZ WAY	ORLANDO FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOVEY, CHARLES A.
 1075 HWY 427 NORTH
 LONGWOOD FL 32750

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of Registered Agent

Charles A. Tovey
 REGISTERED AGENT MUST SIGN

Date

11/20/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on Intangible tax.)

12. 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:

Ernest L. Hutto
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/97
 Date

407 830-7775
 Daytime Phone #

CR2E040 (8/97)