

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 13 AM 10:39

DOCUMENT #

F0000000 2656

1. Corporation Name

CV PROS, INC

900039125039
07/14/04--01043--015 **1050.00

REINSTATEMENT 02-04

2. Principal Office Address

5655 E. Colonial Dr

3. Mailing Office Address

5655 E. Colonial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32807

Country

US

Zip

32807

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/11/00

5. FEI Number

39-1761863

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

JOSEPH F. KIELBASA

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

1505 N. Hwy. A1A

Suite, Apt. #, Etc.

#403

City

Indianapolis

State

FL

Zip Code

32903

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Joseph F. Kielbasa

Date

6/14/04

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
MR	JOSEPH F. KIELBASA	1505 N. Hwy. A1A	Indianapolis FL 32903

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 807 or 817, 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 807.0401 or 817.0401, 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:

Joseph F. Kielbasa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/14/04

Daytime Phone #

407.658.9000

CR12E081 (01/04)