

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000005790

1. Corporation Name

AMPRO FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

~~1901 WEST 47TH PLACE #105
WESTWOOD KS 66205~~

~~1901 WEST 47TH PLACE #105
WESTWOOD KS 66205~~

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.

8140 Ward Pkwy
Kansas City, MO

Zip 64114 Country US

Suite, Apt. #, etc.

8140 Ward Pkwy
Kansas City, MO

Zip 64114 Country US

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/2002

5. FEI Number

11-3647666

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
DCEO	LANDES, STEVE	1901 WEST 47TH PLACE #105 8140 Ward Parkway	WESTWOOD KS 66205 Kansas City, MO 64114
DPCO	SPEIER, MARY JO	2070 CHAIN BRIDGE ROAD STE. 510	VIENNA VA 22182
D	ANDERSON, W. LANCE	1901 WEST 47TH PLACE #105 8140 Ward Pkwy	WESTWOOD KS 66205 Kansas City, MO 64114
ST	SCHWATKEN, RODNEY E	1901 WEST 47TH PLACE #105 8140 Ward Pkwy	WESTWOOD KS 66205 Kansas City, MO 64114

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. or 617.0505, F.S.

Signature of
Registered Agent

S. ATTACHED

REGISTERED AGENT MUST SIGN

Date

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:

Glenda E. Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-03 816-237-7000
Date Daytime Phone #

222

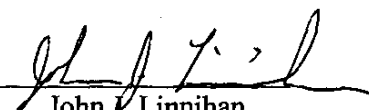
ACCEPTANCE OF APPOINTMENT

RE: **Ampro Financial Services, Inc.**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: **December 12, 2003**

C T CORPORATION SYSTEM

By 
John J. Linnihan
Assistant Vice-President