

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

98 OCT -9 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005217

1. Corporation Name

ADVANCED PRODUCT REPRESENTATIVES
INC

Principal Place of Business

5203 MELDON RD
VALARDO, FL 33594

Mailing Address

813 E BLOUNTINGDALE AVE
STE 261
BRANDON, FL 33511

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

2. New Principal Office Address, If Applicable

ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

OCT 7, 1994

5. FEI Number

58-1806581

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES	JERRY E WENSLOFF	5203 MELDON RD	VALARDO, FL 33594
SEC	FRANCES K WENSLOFF	5203 MELDON RD	VALARDO, FL 33594

REINSTATEMENT

97-15-B
10/13

8. Name and Address of Current Registered Agent

JERRY E WENSLOFF
5203 MELDON RD
VALARDO, FL 33594

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500002663355

10/14/98-01037-0097

***908.75 ***908.75

State

FL

Zip Code

75

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

Jerry E Wensloff
REGISTERED AGENT MUST SIGN

Date

10-7-98

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:

Jerry E Wensloff

JERRY E WENSLOFF 10-7-98 (813) 651-5947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #