

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P000000 80293

1. Corporation Name

R-Pro Man, Inc.

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

1116 S. Chippewa Circle
Suite, Apt. #, etc.

3. Mailing Office Address

1116 S. Chippewa Circle
Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

Country

33436 Palm Beach

Zip

Country

33436 Palm Beach

7. Name and Address of Current Registered Agent

Name

Randall Serio

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

1116 S. Chippewa Circle

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33436

4. Date Incorporated or Qualified
To Do Business in Florida

5/21/2000

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

Randall Serio

REGISTERED AGENT MUST SIGN

Date 1-30-07

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
D	Randall Serio	1116 S. Chippewa Circle	Boynton Beach, FL 33436

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:

Randall Serio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-30-07 561-846-1349

Daytime Phone #

FILED

07 FEB -2 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600088708616

02/19/07--01006--019 **1650.00

REINSTATEMENT 01-07