

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ADDITIONAL  
AND  
FILED

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 JAN 23 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** PO1000051938

**1. Corporation Name**

Ghost Pro, Inc.

**2. Principal Office Address**

3310 11th Ave SW

Suite, Apt. #, etc.

**City & State**

Naples, FL

**Zip**

34117

**Country**

USA

**3. Mailing Office Address**

3400 Clonshire Ct

Suite, Apt. #, etc.

**City & State**

Las Vegas, NV

**Zip**

89129

**Country**

USA

**REINSTATEMENT**

05-060

**4. Date Incorporated or Qualified  
To Do Business in Florida**

05/24/2001

**5. FFI Number**

5937258156

☒ **Applied For**

☐ **Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$0.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Anthony Poer

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

3310 11th Ave SW

Suite, Apt. #, Etc.

**City**

Naples

**State**

FL

**Zip Code**

34117

**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**

*Anthony Poer*

REGISTERED AGENT MUST SIGN

**Date** 12-28-05

**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
CEO	Anthony Poer	3310 11th Ave SW	Naples, FL 34117
		12/30/05 01054 019	\$308.75

**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:**

*Anthony Poer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-05

Date

702-743-6038

Daytime Phone #

K. Eckel JAN 25 2006

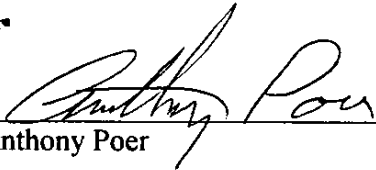
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Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Department of Reinstatement,

I have just returned home from Thailand after spending 10 months over there helping out with Tsunami relief and my parents handle my incoming mail received for my corporation. I did not receive a notice to renew Ghost Pro, Inc. and I am now sending you payment for \$150.00 for the renewal for 2005. I am also including an additional \$150.00 for the renewal for 2006. Thank you for handling this matter!

Happy Holidays,

  
\_\_\_\_\_  
Anthony Poer