

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 20 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000121358

1. Corporation Name

NU PRO ENTERPRISES, INC.

Principal Place of Business

2526 S.W. 52ND STREET  
CAPE CORAL FL 33914

Mailing Address

2526 S.W. 52ND STREET  
CAPE CORAL FL 33914

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

2. New Principal Office Address, If Applicable

137 SE 40TH ST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

same

City & State

CAPE CORAL FL

City & State

Zip

33904

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/2001

5. FEI Number

80-0004873

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
PST	O'BRIEN, STEPHEN A	2526 S.W. 52ND STREET	CAPE CORAL FL 33914

800023957808  
10/20/03--01057--031 \*\*150.00

8. Name and Address of Current Registered Agent

O'BRIEN, STEPHEN A  
2526 S.W. 52ND STREET  
CAPE CORAL FL 33914

9. Name and Address of New Registered Agent

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10-15-03

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-15-03 239-275-5006

Daytime Phone #

CR2E040 (7/03)

**NuPro Enterprises, Inc.**

2526 SW 52<sup>nd</sup> St  
Cape Coral, FL 33914

October 16, 2003

Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

I am writing this to let you know I didn't receive any of the prior notices of the failure to submit the annual report/uniform business report. My accountant nor myself got any notice and I do file my quarterly reports and the corporation has had a lot of activity.

I called and was instructed to send this letter with my normal fee of \$150 to make sure my corporation is still active. I also have a change of address for the corporation and it is below. Please let me know if you have any questions.

NuPro Enterprises, Inc.

137 SE 40<sup>th</sup> St

Cape Coral, FL 33904

Sincerely,

Stephen A. O'Brien  
President.