

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2009 JUL -7 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300158213973  
07/07/09--01028--015 \*\*1650.00

**REINSTATEMENT**

DOCUMENT # P02000019209

1. Corporation Name

ALL REAL ESTATE PRO CORP

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

6672 BANBURY ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

6672 BANBURY ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32211

Country

DUVAL

Zip

32211

Country

DUVAL

4. Date Incorporated or Qualified  
To Do Business in Florida

2002

5. FEI Number  
75-2993195

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
LEE LEE

Street Address (P.O. Box Number is Not Acceptable)  
6672 BANBURY ROAD

Suite, Apt. #, Etc.

City  
JACKSONVILLE

State  
FL

Zip Code  
32211

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

REGISTERED AGENT MUST SIGN

Date 7-2-09

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
PRESIDENT	LEE LEE	6672 BANBURY ROAD	JACKSONVILLE, FL 32211

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-09

Date

904-641-0245

Daytime Phone #