

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 29 AM 9:27

DOCUMENT # P02000032486

1. Corporation Name

A-1 PROFESSIONALS,
INC

REINSTATEMENT 04-05

2. Principal Office Address
5200 NW 43rd Street

3. Mailing Office Address
5200 NW 43rd Street

Suite, Apt. #, etc.

102-279 (PMB)

Suite, Apt. #, etc.

102-1 PMB
279

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32606

Country

USA

Zip

32606

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0715155

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 KALIPATNAPU, SIVAPRASAD

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

7945 NW 49TH WAY

Suite, Apt. #, Etc.

NA

City

GAINESVILLE

State

FL

Zip Code

32653-5139

700062505607

12/30/05--01050--006 ***90.75

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

Sivaprasad

REGISTERED AGENT MUST SIGN

Date 12.29.2005

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	KALIPATNAPU SIVAPRASAD	7945 NW 49TH WAY	GAINESVILLE FL 32653-5139
D	PRASAD, DEEPA K	7945 NW 49TH WAY	GAINESVILLE FL 32653-5139

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 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:

SIVAPRASAD KALIPATNAPU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.29.2005 (352)379-8353

Date

Daytime Phone #