

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 14 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PO2000043292

All-Pro Specialties, Inc.

REINSTATEMENT

03

2. Principal Office Address

8721 Rebel Acres Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Zip

32526

Country

ECS.

Zip

Country

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

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kevin C. Young

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

8721 Rebel Acres Ln.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32526

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

Kevin C. Young

REGISTERED AGENT MUST SIGN

Date 10-28-03

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
DP	Kevin C. Young	8721 Rebel Acres Ln.	Pensacola, FL 32526
DRS	Bryan K. Young	"	"

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:

Kevin C. Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-03

Date

850-944-6519

Daytime Phone #

CR2E081 (10/02)

85

I, Kevin C. Young At All Pro Specialties, Inc.
did not Receive 1st or 2nd Form.

Address has changed From

6250 W. 9 mile Rd. Pensacola, FL 32526

to 8721 Rebel Acres Ln. Pensacola, FL
32526

Thanks

Kevin C. Young