

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 FEB 25 PM 1:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000122750

1. Corporation Name
CURBING PRO'S, INC.

2. Principal Office Address
234 SW 42 STREET

3. Mailing Office Address
234 SW 42 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

Zip
33914

Country
USA

Zip
33914

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/13/2002

5. FEI Number
05-0561568

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name
JOE KAZLAUSKAS

Street Address (P.O. Box Number is Not Acceptable)
234 SW 42 STREET

300029389313
02/25/04--01028--016 **900 00

Suite, Apt. #, Etc.

City
CAPE CORAL

State
FL

Zip Code
33914

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

Joe Kazlauskas

REGISTERED AGENT MUST SIGN

Date 2-20-04

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	JOE KAZLAUSKAS	234 SW 42 STREET	CAPE CORAL, FL 33914

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:

Joe Kazlauskas Joseph Kazlauskas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-20-04

Daytime Phone #

239.541-0286

CR2E081 (01/04)