

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

04 SEP 15 AM 8:00

DOCUMENT # P02000130514

1. Corporation Name

ALL PURPOSE INDUSTRIES, INC

REINSTATEMENT 03-04

MRS

2. Principal Office Address

POB 279032

3. Mailing Office Address

POB 279032

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, Florida

City & State

MIRAMAR, Florida

Zip

33027

Country

USA

Zip

33027

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-11-2002

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Courtney B Weisholtz, Esq.

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

2327 SW 132 Ter

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

600041093486

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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

Courtney B. Weisholtz
REGISTERED AGENT MUST SIGN

Date 9-1-04

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
P	Brandon A Ross	PoBox 279032	MIRAMAR, FL 33027

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:

Brandon A. Ross

9-1-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)