## 2004 FOR PROFIT CORPORATION .. REINSTATEMENT

Mailing Address 3709 SAN LUIS STREET TAMPA FL 33629  2. Principal Place of Business 2. Co. M. M. etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 2. Co. M. M. etc. City & State 2. Country 2. Principal Place of Business 2. Co. M. M. etc. Suite, Apt. #, etc. City & State 2. Co. M. M. etc. Suite, Apt. #, etc. Suite, Ap	ty Name LTYPRO, INC.	2391			FILED		
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Suite, Apt. #, etc.  Suite, Ap	SAN LUIS STREET	3709 SAN LUIS STREET		O4 DEC -8 AM 10: 52  SECRETARY OF STATE TAIL AHASSEF, FLORIDA			
Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  GREENE, JOHN JR. 3709 SAN LUIS STREET  TAMPA, FL 33629  City  FL Zip Code  8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent eigneture required when reinstating)  DATE  In accordance with s. 607.193(2)(b), F.S.	2100 NMK Ir. Bld e. Apr. #, etc. Snite B estate Fint Petersbyka, FL	Suite, Apt. *, etc. Swite  City & State  Saint Payers bu	B x3, FL	4. FEI Number 58-26	71839	Ap No	plied For t Applicable
City  FL Zip Code  8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent alignature required when reinstating)  In accordance with s. 607.193(2)(b), F.S.	ENE, JOHN JR. SAN LUIS STREET	it Registered Agent	Name	7. Name and Addres	ss of New Registered	Fee Required	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating)  FILE NOWIII FEE IS \$150.00  In accordance with s. 607.193(2)(b), F.S.	above named entity submits this statement to	for the purpose of changing its registe		ered agent, or both, in th	<del></del>	<b>L</b>	
	TURE CALL WAS	rt and title if applicable. (NOTE: Regist	tered Agent elgneture requ	stred when reinstaling)	LZ Z	4/04	
After January 1, 2005, Fee will be \$300.00 corporation did not receive the prior notice	er January 1, 2005, Fee will be \$300.0			corp	oration did not recei	ve the prior r	otice.
10. OFFICERS AND DIRECTORS IN  TITLE D Delete TITLE  NAME GREENE, JOHN JR. NAME  STREET ADDRESS  CITY-ST-ZIP TAMPA, FL 33629  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  HILE D Change D Change D  CHANGE STREET ADDRESS  CITY-ST-ZIP TAMPA, FL 33629	D GREENE, JOHN JR. 3709 SAN LUIS STREET	□ Delete tr Ni S1	ITLE IAME TREET ADDRESS	ADDITIONS/CHANG	GES TO OFFICERS AN		3 IN 11
	DORESS	N.	IAME Treet address			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	· 1	N/ ST	AME TREET ADDRESS			Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	- 1	NA ST	TREET ADDRESS	SIAIEN		☐ Change	☐ Addition
TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME TOTAL GRANGE TOTA		NA ST	IAMÉ TREET ADDRESS	700 12/08/04	043266  01018011	5027	Addition
TITLE TITLE TITLE TO Delete TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE CITY-ST-ZIP		Cı					C3 1 1 2 2 2
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the inform indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or did not the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an actives, with all other like empowered.  SIGNATURE:  SIGNATURE:  Date	DDRESS -ZIP	□ Delete π N S C	IAME Treet adoress HTY-ST-ZIP	`~			Addition