

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000023122	
1. Entity Name SCREEN PROS OF ORLANDO, INC.	

FILED

05 DEC 30 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4722 SOUTHOLED ST ORLANDO, FL 32808	Mailing Address 4722 SOUTHOLED ST ORLANDO, FL 32808
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2. Principal Place of Business 171 W. Grossenbacher Dr. Suite, Apt. #, etc. Dr. City & State Apopka, FL Zip 32712 Country USA	3. Mailing Address 171 W. Grossenbacher Dr. Suite, Apt. #, etc. Grossenbacher Dr. City & State Apopka, FL Zip 32712 Country USA
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REINSTATEMENT 10182005 REIN-P GR2ED98 (6/04) 05

6. Name and Address of Current Registered Agent MELTON, KEITH 4772 SOUTHOLED ST ORLANDO, FL 32808	7. Name and Address of New Registered Agent Name Keith R Melton Street Address (P.O. Box Number is Not Acceptable) 171 W. Grossenbacher Dr. City Apopka FL Zip Code 32712
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4. FEI Number
54-2141231
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Keith Melton</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	12-28-05 DATE
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FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELTON, KEITH 4772 SOUTHOLED ST ORLANDO, FL 32808 <i>new address</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700062505457 12/30/05--01049--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melton, Keith 171 W. Grossenbacher Dr. Apopka, FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700062505457 12/30/05--01049--008 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 information 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 director of 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Keith Melton</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	12-28-05 407-616-3583 Date Daytime Phone #
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