

Filing Cancelled
Returned Check

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY -7 P 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06000078776**

1. Corporation Name

ALL PRO SERVICES OF THE KEYS INC.

100180565631
05/07/10--01037--028 **1200.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

708 LARGO ROAD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY LARGO

City & State

FL

Zip

33037

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2006

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

JORGE L. DIAZ

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

708 LARGO ROAD

Suite, Apt. #, Etc.

City

KEY LARGO

State

FL

Zip Code

33037

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

REGISTERED AGENT MUST SIGN

Date **3-31-10**

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
PRES	JORGE L DIAZ	708 LARGO ROAD	KEY LARGO, FL 33037

REINSTATEMENT
07-10
JS

10. E-mail Address: **att Per allproservicesofthekeys.com**
(To be used for future annual report notification)

11. 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. I further certify, 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:

Jorge Diaz
Jorge Diaz

3-31-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #