

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 27 AM 8:43

DOCUMENT #

P95 0000 63688

1. Corporation Name

All PRO Personnel, Inc.

2. Principal Office Address

3944 Hidden Acres Circle

Suite, Apt. #, etc.

3. Mailing Office Address

3614 Evans Ave

Suite, Apt. #, etc.

City & State

Ft Myers, FL

City & State

Ft Myers, FL

Zip

33903

Country

USA

Zip

33901

Country

USA

REINSTATEMENT 03-04
404. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0699988

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

Loei Lupski

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

3614 Evans Ave

Suite, Apt. #, Etc.

City

Ft Myers, FL

State

FL

Zip Code

33901

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

2/27/04

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
PS	Loei Lupski	3944 Hidden Acres Circle	Ft Myers FL 33903

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALL PRO PERSONNEL

"The Placement Specialists"

3614 Evans Avenue
Fort Myers, FL 33901

Phone (239) 277-0233
Fax (239) 277-7242

Department of State
ATTENTION: Reinstatement Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

This letter is to notify your office that I have not received any form of correspondence indicating that any additional fees were pending regarding All Pro Personnel. I am asking that you please waive the \$600.00 late fee. Enclosed is a check in the amount of \$300.00.

Please feel free to contact me at 239-277-0233.

Thank you in advance,

Lori Lupski
All Pro Personnel, Inc.
Fed ID # 65-0699988