

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000063688

Entity Name: ALL PRO PERSONNEL, INC.

**FILED**  
**Mar 09, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

3944 HIDDEN ACRES CIRCLE  
FT. MYERS, FL 33903 US

**New Principal Place of Business:**

**Current Mailing Address:**

3944 HIDDEN ACRES CIRCLE  
FT. MYERS, FL 33903 US

**New Mailing Address:**

FEI Number: 65-0699988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUPSKI, LORI  
3614 EVANS AVE.  
FT. MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: LORI LUPSKI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: LUPSKI, LORI  
Address: 3944 HIDDEN ACRES CIR  
City-St-Zip: FT. MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI LUPSKI

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PS

03/09/2006

\_\_\_\_\_  
Date