

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 22 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000054497

1. Corporation Name
BANCPROPREO CORP.

2. Principal Office Address
2198 SONOMA DRIVE EAST

3. Mailing Office Address
2198 SONOMA DRIVE EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NOKOMIS, FL

City & State
NOKOMIS, FL

Zip Country
34275 USA

Zip Country
34275 USA

4. Date Incorporated or Qualified
To Do Business in Florida 06/26/1996

5. FEI Number
65-0679645

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
J GEOFFREY PFLUGNER

Street Address (P.O. Box Number is Not Acceptable)
2033 MAIN ST

Suite, Apt. #, Etc.
600

City
SARASOTA

State Zip Code
FL 34237

600041184486
09/20/04 01080 002 **450.00

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

9/12/04

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
PD	JEFFREY CHARLOTTE	2198 SONOMA DR E	NOKOMIS, FL 34275
D	FELIX J CHARLOTTE	2198 SONOMA DR E	NOKOMIS, FL 34275

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

FELIX J. CHARLOTTE JR.

Date

9-12-04

Daytime Phone #

CR2E081 (01/04)

FELIX J. CHARLOTTE
2198 SONOMA DRIVE EAST
NOKOMIS, FL 34275

September 13, 2004

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Corporate Annual Report

Dear Sir or Madam:


I have recently become aware that one of my corporations, Bancpropreo Corp., has been administratively resolved since the year 2002.

I would like to inform your office that I never received the Corporate Annual Report for the years 2002, 2003 and 2004. I have completed a reinstatement report for each of those individual years and have attached a check for \$450 to cover the annual report fees and the corporate supplemental fees for those years.

As President of this corporation I respectfully request that you re-instate this corporation without the reinstatement fee assessed due to the fact that I never received the original reports.

You may call me directly at 941-488-0276 if you have any questions.

Sincerely,



Felix J. Charlotte