

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUL 25 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000057997

**1. Corporation Name**

PROSCAPE SERVICES, INC.

**2. Principal Office Address**

P.O. BOX 8246

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32239

Country

DUVAL

**3. Mailing Office Address**

P.O. BOX 8246

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32239

Country

DUVAL

**4. Date Incorporated or Qualified  
To Do Business in Florida**

JULY 8, 1996

**5. FEI Number**

59-3389609

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

WILLIAM S. ALLEN

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

3540 HERMITAGE ROAD EAST

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32277

**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

*William S. Allen*

Date

7-23-03

REGISTERED AGENT MUST SIGN

**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
DPT	ALLEN, WILLIAM S.	3540 HERMITAGE RD. E.	JACKSONVILLE, FL 32277
DVP	ALLEN, SCOTT L.	3540 HERMITAGE RD. E.	JACKSONVILLE, FL 32277
DS	ALLEN, ERIC C.	3540 HERMITAGE RD. E.	JACKSONVILLE, FL 32277

**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:

*William S. Allen* William S. ALLEN

Date

7-23-03

Daytime Phone #

904-945-2700

CR2E081 (10/02)

7/25



✓ Income Tax Service  
✓ Financial & Insurance Services  
✓ Accounting & Bookkeeping Services

320 Osceola Avenue  
Jacksonville Beach, FL 32250  
Phone 904/241-2533  
Fax: 904/241-1604  
[www.triplechecktax.com](http://www.triplechecktax.com)

July 23, 2003

Division of Corporations  
Annual Reports Filing  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Profit Corporation Annual Report  
Document P96000057997 – Proscape Services, Inc.

Dear Sir/Madam,

Please see the attached Corporate Reinstatement Report for our client listed above. We are requesting a waiver of the late fee and ask that you accept the enclosed application and payment of \$150.00 for the 2003 period.

Mr. Allen, President of the above Corporation, did not receive his report for this registration period. Upon completion of his tax interview today, it was determined through your website that his report had not been filed. We promptly prepared this for him.

Thank you for your help with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

  
Beverlee A. Flowers, E.A.

Enclosure: Corporate Reinstatement Report  
Check # 8123