

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000086602

1. Corporation Name

CANADIAN PROFESSIONALS IN USA, INC.

Principal Place of Business

Mailing Address

513 GIVENS ST.
SARASOTA FL 34242
US

2198 MAIN ST
303
SARASOTA FL 34237
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1996

5. FEI Number

65-0706529

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	JAENSCH, PETER J.	2198 MAIN STREET	SARASOTA FL 34237

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAENSCH, PETER J.
2198 MAIN ST
SUITE 303
SARASOTA FL 34237

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

5-24-04

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-24-04

941 366-9841

FILED

04 JUN 18 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03-04

400038236514
06/24/04 01032 004 **300.00

CR20040 (7/03)

PS 2002

Canadian Professionals in U.S.A.

513 Givens St., Sarasota, Florida 34242

June 10, 2004

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

Re: Reinstatement of Corporation
Co.: CANADIAN PROFESSIONALS IN USA, INC.

Dear Sir or Madam,

Along with this letter I am enclosing a reinstatement form for the above-captioned corporation, for which I never received the Uniform Business Report (UBR) for 2003 and 2004. In light of this, I respectfully request that you reactivate my corporation by waiving the reinstatement fee and receiving a check covering the UBR fee for both years.

I thank you for taking care of this matter.

Sincerely,



Peter J. Jaensch
Vice President
CANADIAN PROFESSIONALS IN USA, INC.