

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 21 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000020991

1. Corporation Name

GO-PRO ENTERPRISES, INC.

Principal Place of Business

527 SOUTH 28TH AVENUE
HOLLYWOOD FL 33020

Mailing Address

527 SOUTH 28TH AVENUE
HOLLYWOOD FL 33020



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1998

5. FEI Number

65-0818700

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
P	ISLER, VAN K	527 S. 28TH AVE.	HOLLYWOOD FL 33020

300010395743
01/21/03--01079--020 **300.00

8. Name and Address of Current Registered Agent

ISLER, VAN K
527 SOUTH 28TH AVENUE
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

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 REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

1/17/03

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 REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/03 954-260-3058

CF2E040 (8/02)

GO – PRO ENTERPRISES, INC

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

January 17, 2003

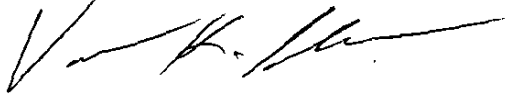
To Whom It May Concern:

I am requesting reinstatement of Go – Pro Enterprises, Inc. Document # P98000020991. I travel thru – out the year on business and spend very little time at the main office. I did not receive any prior notice(s) of the UBR.

I am requesting the penalty fee be waived. I have enclosed a check in the amount of Three Hundred Dollars to cover the filing fee for 2002 and 2003.

Thank you in advance for your assistance.

Sincerely,



Van K. Isler
President

527 SOUTH 28 TH. AVENUE, HOLLYWOOD, FLORIDA 33020
954 – 921 – 5931