

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -8 PM 4:51

DOCUMENT # **P98000028893**

1. Corporation Name

DRAFTPROS, INC.

2. Principal Office Address

2806-1 Weston Rd

Suite, Apt. #, etc.

3. Mailing Office Address

2806-1 Weston Rd

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

Zip

33331

Country

USA

Zip

33331

Country

USA

900023923073

10/20/03--01007--001 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0825348

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

Gustavo Gordillo

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

4100 Pine Ridge Lane

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33331

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

Gustavo Gordillo
REGISTERED AGENT MUST SIGN

Date

10-07-03

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
P	Gustavo Gordillo	4100 Pine Ridge Lane	Weston, FL 33331

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

10-07-03

Date

Daytime Phone #

(561) 436-8001

CR2E081 (10/02)

ISMAEL MOREJON
MARIA M. CONTOURIS
CERTIFIED PUBLIC ACCOUNTANTS

1919 NE 45th St. Suite # 114
Ft. Lauderdale, FL 33308
(954) 491-5179
(954) 491-5244 (Fax)

October 7, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

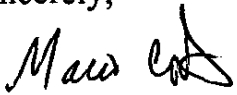
Re: Draftpros, Inc.
FEI# 65-0825348

Dear Agent,

Enclosed you will find a check for \$750.00 for the Uniform Business Report filing for Draftpros, Inc. The corporate officer made the payment, but it appears to have been lost in the mail. The officer did not receive additional notices to file since the place of business for the corporation has changed and mail may have gotten lost. The address was changed on July 17, 2003.

We are asking you to waive the late filing fee. The corporation has paid the fee in past years. I am the accountant and you can contact me at the above number or at (954) 972-9665 if you have any questions or require any additional information. Thank you for your attention to this matter.

Sincerely,

 CPA.
Maria Contouris, C.P.A.