

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 22 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000101668

1. Corporation Name

ALL PRO COMMUNICATIONS, INC.

2. Principal Office Address

601 E. Highland St.

Suite, Apt. #, etc.

3. Mailing Office Address

601 E Highland St

Suite, Apt. #, etc.

City & State

Altamonte Springs, Fla.

City & State

Altamonte Springs FL

Zip

32701

Country

USA

Zip

32701

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/7/98

5. FEI Number

59-3552647

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

STEPHEN M. STONE

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

725 N. MAGNOLIA AVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

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

3/8/01

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/D William C. LAMB

601 E. Highland St.

Altamonte Springs, FL 32701

S/D BRIAN L. LAMB

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\*\*\*\*400.00 \*\*\*\*400.00

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 C. Lamb

WILLIAM C. LAMB

Date

3-08-01

Daytime Phone #

2173

CR2E081 (9/00)