

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -5 PM 11: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000039825

1. Corporation Name

ALL PRO RENOVATIONS, INC.

Principal Place of Business

562 BITTERWOOD CT.
KISSIMMEE FL 34743

Mailing Address

562 BITTERWOOD CT.
KISSIMMEE FL 34743

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

04/28/1999

5. FEI Number

59-3574295

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
PVTS	VAN NEST, CLINTON	562 BITTERWOOD CT	KISSIMMEE FL 34743
D	VAN NEST, CLINTON	562 BITTERWOOD CT	KISSIMMEE FL 34743
			100004698671--6
			-11/29/01--01057--017
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

VAN NEST, CLINTON
562 BITTERWOOD CT.
KISSIMMEE FL 34743

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.

Signature of
Registered Agent

Clint Van Nest

REGISTERED AGENT MUST SIGN

Date

10/30/01

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:

Clint Van Nest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/01 407-973-3951

CR2E040 (8/01)

October 31, 2001

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

To whom it may concern,

I spoke with a representative today Oct. 31, and informed him I had not received any notices prior to this one. He said to fill out form and send a check for \$150.00 and ask for the re-instatement fee to be waived. I would appreciate it greatly.

Thank you,

A handwritten signature in black ink that reads "Clint Vannest". The signature is written in a cursive style with a large initial "C".

Clint vannest