

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 21 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000092709

1. Corporation Name

All Pro marketing Inc

2. Principal Office Address

2929 SW 134 Ave

Suite, Apt. #, etc.

City & State

Miramar FL

Zip

33027

Country

3. Mailing Office Address

PO Box 277657

Suite, Apt. #, etc.

City & State

Miramar FL

Zip

33027

Country

REINSTATEMENT 22

4. Date Incorporated or Qualified
To Do Business in Florida

8-10-1999

5. FEI Number

59-3592977

☒ 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

Cathleen Vrissis

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

2929 SW 134 Ave

Suite, Apt. #, Etc.

City

Miramar

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****750.00 ****50.00

State

FL

Zip Code

33027

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

Cathleen Vrissis

REGISTERED AGENT MUST SIGN

Date 10/16/02

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
Pres	CATHLEEN VRISSIS	2929 SW 134 Ave	Miramar FL 33027
Vice Pres	BESSIE TRAU	1810 Palmcrest Lane	Clearwater FL 33764

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:

Cathleen Vrissis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/02

Daytime Phone #

(954)

444-0911

CR2E081 (9/01)