

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katharine Hall
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 25 PM 4:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000087732

1. Corporation Name

TRADE PRO CONSTRUCTION SERVICES, INC.

Principal Place of Business

Mailing Address

3892 PROSPECT AVENUE #7
WEST PALM BEACH FL 33404

3892 PROSPECT AVENUE #7
WEST PALM BEACH FL 33404



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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	TAYLOR, JOSEPH E III	13635 MALLARD WAY	PALM BEACH GARDENS FL 33418
V	O'CONNOR, FRANK S	15 GRANDBAY CIRCLE	JUNO BEACH FL 33408
ST	F. DAVID TEETS, JR.	1384 PRIMEROSE LANE	WELLINGTON FL 33414

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

F. DAVID TEETS, JR.

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

3892 PROSPECT AVE. #7

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33404

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

REGISTERED AGENT MUST SIGN

Date 07/05/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/00

Daytime Phone #

561-863-7349

KE

CR2E040 (8/00)