

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 29 PM 4:00

DOCUMENT # P99000089735  
1. Corporation Name  
PRO PLASTIC REBUILDERS INC  
6949 PLATHE RD  
New Port Richey FL 34653

2. Principal Office Address 6949 PLATHE RD.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New Port Richey FL		City & State	
Zip 34653	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 2000	
5. FEI Number 59-1463900	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name BRIAN McQUILLAN	400005282014-5
Street Address (P.O. Box Number is Not Acceptable) 6949 PLATHE RD	-04/16/02-01035-018 ****450.00 ****450.00
Suite, Apt. #, Etc.	
City New Port Richey	State FL
	Zip Code 34653

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: Brian McQuillan Date: 3/27/12  
REGISTERED AGENT MUST SIGN

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	Brian McQuillan	6949 PLATHE RD	New Port Richey FL 34653

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)(l), 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: Brian McQuillan Date: 3/27/12 727-849-7376  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/01)