

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000100239

1. Corporation Name

REP-PRO, INC.

Principal Place of Business

Mailing Address

942 TEXAS STREET
ENGLEWOOD FL 34273

942 TEXAS STREET
ENGLEWOOD FL 34273

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

~~4641 Del Sol Blvd.~~

~~4641 Del Sol Blvd~~

City & State
~~SARASOTA, FL~~

City & State
~~SARASOTA, FL~~

Zip ~~34236~~

Country ~~SARASOTA~~

Zip 34236

Country SARASOTA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	HARRIS, RICHARD	942 TEXAS STREET	ENGLEWOOD FL 34273
			9000003539589--7 -01/17/01-01012-003
			****750.00 ****750.00
			9000003539589--7 -01/17/01-01012-004
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

HARRIS, RICHARD
942 TEXAS STREET
ENGLEWOOD FL 34273

9. Name and Address of New Registered Agent

LS

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

REGISTERED AGENT MUST SIGN

Date 11/20/00

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:

Richard Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/00 941-356-7023

Date

Daytime Phone #



REINSTATEMENT 00-01

01 JAN - 8 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA