

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000100239

1. Entity Name
REP-PRO, INC.



Principal Place of Business
4641 DEL SOL BLVD.
SARASOTA, FL 34236

Mailing Address
4641 DEL SOL BLVD.
SARASOTA, FL 34236

2. Principal Place of Business - No P.O. Box #

2243 Spring Lake Hwy

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL.

City & State

Zip

34602

Country

HERNANDO

Zip

Country

05042003

REINSTATEMENT (1/07)

4. FEI Number
59-3612609

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, RICHARD
4641 DEL SOL BOULEVARD
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

HARRIS, RICHARD

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

2243 Spring Lake Hwy

City

BROOKSVILLE

FL

Zip Code

34602

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard Harris

5/1/09

Signature, typed or printed name of registered agent and role if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$300.00

SENT IN CHANGE OF ADDRESS -
NEVER CHANGED?

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARRIS, RICHARD
4641 DEL SOL BOULEVARD
SARASOTA, FL 34236 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RICHARD HARRIS
2243 Spring Lake Hwy
BROOKSVILLE, FL. 34602 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Harris / RICHARD HARRIS

5/1/09

941-356-7023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #