

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S17076

1. Corporation Name
INPRO, INC.

96
AR

FILED
96 OCT 10 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
301 ARAPAHO TRAIL
MAITLAND FL 32751

Mailing Address
301 ARAPAHO TRAIL
MAITLAND FL 32751



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 12/03/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3044762	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	MONTVILLE, TERRY	301 ARAPAHO TRAIL	MAITLAND FL
DVP	MONTVILLE, JANET	301 ARAPAHO TRAIL	MAITLAND FL
			500001980045--2 -10/18/96--01051--009 ****225.00 ****225.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MONTVILLE, TERRY
301 ARAPAHO TRAIL
MAITLAND FL 32751

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 10/7/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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

10/7/96 407 609-1970
Date Daytime Phone



OCTOBER 7, 1996

Furniture &
Specialty
Installations

MS. SANDRA B. MORTHAM
SECRETARY OF STATE
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RE: DOCUMENT #S17076

Furniture
Reconfigurations

DEAR MS. MORTHAM:

Corporate
Moves

AFTER SPEAKING WITH MY ACCOUNTING FIRM, I AM WRITING THIS
LETTER TO INFORM YOU OF CIRCUMSTANCES RELATIVE TO MY
ANNUAL REPORT PACKET.

Tradeshows

I ORIGINALLY NOTICE, PACKET MAY 8TH . I HAVE ENCLOSED THE
ONLY THING I HAVE TO PROVE TO YOU THE CHECK WAS WRITTEN
(CASH DISBURSEMENT JOURNAL). HOWEVER, I DON'T HAVE ANY
PROOF THAT IT WAS MAILED.

Signage/Graphics

WHEN I RECEIVED THE 2ND NOTICE TO FILE THE ANNUAL REPORT, I
THOUGHT IT WAS SOME KIND OF MISTAKE AND SET IT ASIDE. WHEN I
RECEIVED THE REINSTATEMENT NOTICE I REALIZED SOMETHING WAS
OBVIOUSLY WRONG.

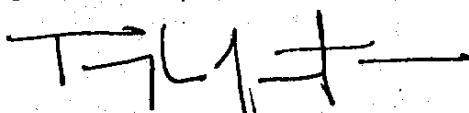
I ALSO HAVE ENCLOSED THE AMOUNT OF \$225.00 THAT I ORIGINALLY
SENT. I HOPE YOU CAN UNDERSTAND THIS WAS NOT DONE
INTENTIONALLY AND PLEASE ACCEPT MY PAYMENT OF \$225.00.

IF YOU NEED ANY ADDITIONAL INFORMATION PLEASE FEEL FREE TO
CALL MY OFFICE AT ANY TIME.

P.O. Box 940754

SINCERELY,

Maitland, FL


TERRY L. MONTVILLE
PRESIDENT

32794-0754

407-629-1970