

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 24 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S17298

1. Corporation Name

REMPROP, INC.

2. Principal Office Address

1616 Gulf To Bay Blvd.

Suite, Apt. #, etc.

Unit #D

City & State

Clearwater, FL

Zip

33755

Country

USA

3. Mailing Office Address

P. O. Box 6163

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33758

Country

USA

REINSTATEMENT 94-00

4. Date Incorporated or Qualified
To Do Business in Florida

12/1990

5. FEI Number

59-3072851

Applied For -

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard E. Metz, Sr.

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

1616 Gulf to Bay Blvd.

Suite, Apt. #, Etc.

Unit: D

City

Clearwater

State

FL

Zip Code

33755

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

Richard E. Metz, Sr.
REGISTERED AGENT MUST SIGN

Date 4/20/00

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/T/S/ D	Richard E. Metz, Sr.	1616 Gulf to Bay Blvd. #D	Clearwater, FL 33755
			4000003245024--5 -05/09/00--01101--015 ***1658.75 ***1658.75

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)(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

4/20/00

Date

727 446-7981

Daytime Phone #