

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

98 NOV 19 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S57324

1. Corporation Name

ADPRO SPECIALTIES, INC.

Principal Place of Business

Mailing Address

2331 N STATE RD 7
SUITE 106
LAUDERHILL FL 33313
US

2331 N STATE RD 7
SUITE 106
LAUDERHILL FL 33313
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

98

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1991

5. FEI Number

65-0268323

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title (#)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	WILCOX, GERALD W.	3500 NW 34TH AVE	LAUDERDALE LAKES FL
ST	WILCOX, GWENDOLYN A.	3500 NW 34TH AVE	LAUDERDALE LAKES FL
			600002698556--8
			-12/01/98--01028--010
			****750.00 ****750.00
			11/12/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILCOX, GERALD W.
3500 N.W. 34TH AVENUE
LAUDERDALE LAKES FL 33309

Name
Gwendolyn A. Wilcox
Street Address (P.O. Box Number is Not Acceptable)
3500 N.W. 34 Ave
Suite, Apt. #, Etc.
Lauderdale Lakes, FL
City
Florida

State
FL

Zip Code
33309

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

Gwendolyn A. Wilcox
REGISTERED AGENT MUST SIGN

Date

11/12/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(f), 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:

Gwendolyn A. Wilcox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/98 (954) 484-5777
Daytime Phone #

CR2E040 (9/98)