




# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # V17241</b> 1. Entity Name <b>D-PRO, INC.</b>						<b>FILED</b> 05 APR 13 PM 4:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>28792 WILD COFFEE CT BONITA SPRINGS, FL 34135</b>				Mailing Address <b>28792 WILD COFFEE CT BONITA SPRINGS, FL 34135</b>			
2. Principal Place of Business <b>226 FAIRWAY CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Address <b>226 FAIRWAY CIRCLE</b> Suite, Apt. #, etc.		 <b>REINSTATEMENT 04-05</b>			
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>		4. FEI Number <b>65-0315802</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <b>34110</b>		Country <b>USA</b>		Zip <b>34110</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>MC GEE, JAMES L. 28792 WILD COFFEE CT. BONITA SPRINGS, FL 33923</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>226 FAIRWAY CIRCLE</b> City <b>NAPLES</b> FL <b>34110</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$900.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>MC GEE, JAMES L.</b> <b>226 FAIRWAY CIRCLE</b> <b>NAPLES, FL 34110</b>	TITLE	<b>000054346910</b> <input type="checkbox"/> Addition <b>05/12/05--01081--028 **900.00</b>				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>MC GEE, DENNIS J.</b> <b>226 FAIRWAY CIRCLE</b> <b>NAPLES, FL 34110</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>JAMES L. MC GEE</b> 				Date: <b>4/8/05</b>		Daytime Phone #: <b>239-254-9536</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>DATE</small>		<small>DAYTIME PHONE #</small>	