

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB -6 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B00000017795

1. Corporation Name

PRO 200 CORPORATION

2. Principal Office Address

6595 NW 36 STREET

3. Mailing Office Address

8201 NW 66 STREET

Suite, Apt. #, etc.

SUITE 101-D

Suite, Apt. #, etc.

SUITE 4

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

U.S.

Zip

33166

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0984117

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-02

7. Name and Address of Current Registered Agent

Name

FERREIRA, RUDA

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

6595 NW 36 STREET

Suite, Apt. #, Etc.

SUITE 101-D

City

MIAMI

State

FL

Zip Code

33166

100004931821-4
-02/15/02--01071--018
****908.75 ****908.75

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

FERREIRA, RUDA

Date 02/01/2002

REGISTERED AGENT MUST SIGN

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

PVSTD

FERREIRA, RUDA

6595 NW 36 STREET 101D

MIAMI, FL 33166

1/LS

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:

FERREIRA, RUDA

02/01/2002 786-265-7740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)