


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13 APR 23 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD4-32897

1. Corporation Name
PROKY PTD, Inc.

2. Principal Office Address - No P.O. Box # <u>1024 LENOX AVENUE</u>	3. Mailing Office Address <u>1024 LENOX AVENUE</u>
Subsidiary, etc. <u>6</u>	Subsidiary, etc. <u>6</u>
City & State <u>MIAMI BEACH FL</u>	City & State <u>MIAMI BEACH FL</u>
Zip <u>33139</u> Country <u>USA</u>	Zip <u>33139</u> Country <u>USA</u>

CA2802 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida
02/19/04

5. FEI Number
341979-704 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Paracorp Incorporated

Street Address (P.O. Box Number is Not Acceptable)
236 East 6th Avenue

Subsidiary, Etc.

City
Tallahassee State
FL Zip Code
32303

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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 Edward W. Noyce Edward W. Noyce, ASST. SEC. Date April 23rd, 2013
REGISTERED AGENT MUST SIGN

9. 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	City/State/Zip
P	Frederic Khalil	1024 LENOX AV	MIAMI BEACH, FL 33139
VP	Kevin Amis	1024 LENOX AV	MIAMI BEACH, FL 33139

10. E-mail Address: Frederic.Khalil@prokypco.com
(To be used for filing annual report notices only)

11. 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. (Further certify that when filing this reinstatement application, the reason for dissolution has been administered, 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. Further certify, 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] 4/19/13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Williams APR 23 2013