

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAR -4 PM 2:59

DOCUMENT # P06000078323

1. Corporation Name

PRO KIT SERVICES, INC

2. Principal Office Address - No P.O. Box #

2750 SW 140th TER

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

Zip

33330

Country

US

Zip

Country

000171175570

03/04/10--01002--023 \*\*450.00

**REINSTATEMENT**

08-10

4. Date Incorporated or Qualified

To Do Business in Florida 06/07/2006

5. FEI Number

20-5008269

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

EAGLE TAX REPRESENTATION, CORP

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

4641 N STATE ROAD 7

Suite, Apt. #, Etc.

STE 18

City

COCONUT CREEK, FL

State

FL

Zip Code

33073

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 02/17/2010

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
PD	JUAN D SEGURA	2750 SW 140th TER	DAVIE, FL - 33330

10. E-mail Address: PAULO@EAGLE-TAX.COM

(To be used for future annual report notification)

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. 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. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN D SEGURA

02/17/2010

Date

Daytime Phone #