

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F00000006666**

1. Corporation Name

PROLINK, INC.

Principal Place of Business

Mailing Address

ATTN: GEORGE E. DUCK, JR.
7970 SOUTH KYRENE ROAD
TEMPE AZ 85252

ATTN: GEORGE E. DUCK, JR.
7970 SOUTH KYRENE ROAD
TEMPE AZ 85252

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Attn: *Brad Lines*
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Attn: *Brad Lines*
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

85284

85284

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/2000

5. FEI Number

86-0689783

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)

5000004698650--1

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City/State/Zip 4
PD	LECKER, DOUGLAS L	7970 S. KYRENE	TEMPE AZ 85252
V	MCGRADY, STEVEN J	7970 S. KYRENE	TEMPE AZ 85252
VST	DUCK, GEORGE E JR. Lines, Brad	7970 S. KYRENE	TEMPE AZ 85252
D	FISHER, STEVEN D	7970 S. KYRENE	TEMPE AZ 85252
D	MAUS, JOHN R	7970 S. KYRENE	TEMPE AZ 85252
D	RIDGELY, H M III	7970 S. KYRENE	TEMPE AZ 85252

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (If Not Applicable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

C T CORPORATION SYSTEM

Signature of
Registered Agent

By:

Candice Maerz
Candice Maerz, Asst. Secy. REGISTERED AGENT MUST SIGN

Date **October 29, 2001**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley M. Lines
Bradley M. Lines

Date

Daytime Phone #

10/26/01 961-8800
10/26/01 961-8800

FILED

01 NOV -5 PM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/01)