

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F06000001058**

1. Corporation Name

Proton Services, Inc.

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

776 Jernee Mill Road

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

Suite 120

City & State

Sayreville, NJ

City & State

Zip

08872

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

Feb. 17, 2006

5. FEI Number

22-3658056

☐ 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

Gary Provenzano

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

865 Hibiscus Street

Suite, Apt. #, Etc

City

Boca Raton

State

FL

Zip Code

33486

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

6-24-11

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
P,T	Gary Provenzano	766 Jernee Mill Rd. Ste 120	Sayreville, NJ 08872

10. E-mail Address: provo@prosvcs.com and garyprovenzano@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

11 JUN 28 AM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07-11

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6/29/11