

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
15 AUG -7 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F06000004502

1. Corporation Name

**Pro Travel Network, Inc.**

Reinst.  
2012-2015  
DC AUG. 13 2015

CR2B081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
7735 N. Blackstone Avenue		7735 N. Blackstone Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 101		Suite 101	
City & State		City & State	
Fresno, CA		Fresno, CA	
Zip	Country	Zip	Country
93720	U.S.	93720	U.S.

4. Date Incorporated or Qualified To Do Business in Florida	
October 23, 2003	
5. FEI Number	Applied For
68-0571584	Not Applicable
6. CERTIFICATE OF STATUS DESIRED	
Yes	\$8.75 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)		
155 Office Plaza Drive, 1st Floor		
Suite, Apt. #, Etc.		
City	State	Zip Code
Tallahassee	FL	32301

200275097912  
08/14/15--01029--017 \*\*8.75

200275097912  
07/15/15--01035--019 \*\*1200.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of Registered Agent Ninh Ho **Ninh Ho, Assistant Secretary**  
REGISTERED AGENT MUST SIGN

Date 8/4/2015

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
Pres/Dir	Christopher J. Cokley	7735 N. Blackstone Ave., Suite 101	Fresno, CA 93720
Sec/FOODr	Jessica Henderson	7735 N. Blackstone Ave., Suite 101	Fresno, CA 93720

10. E-mail Address: adrian@protravelnetwork.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 807 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 807.0401 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:

Jessica Henderson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/15

(559) 224-6008

Date

Daytime Phone #