

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000000048

1. Corporation Name

PRO NET GLOBAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~6051 DISTRIBUTION AVE. SUITE~~
~~JACKSONVILLE FL 32256~~

~~6051 DISTRIBUTION AVE. SUITE~~
~~JACKSONVILLE FL 32256~~
~~US~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
1518 Providence Rd.

Suite, Apt. #, etc.
1518 Providence Rd.

City & State
Charlotte, NC

City & State
Charlotte, NC

Zip Country
28207 USA

Zip Country
28207 USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/1999

5. FEI Number

59-3499097

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GOOCH, HAL	6 CURTIS COURT	THOMASVILLE NC 27360
DP	CHILDERS, BILL	1518 PROVIDENCE RD 10560 Limeberry Dr.	CHARLOTTE NC 28207 Boynton Beach, FL 33436
DT	FOLEY, TIM	11541 LANE PARK ROAD	TAVARES FL 32778
VD	WOODS, STEVE	3316 NE SUGAR HILL AVE.	JENSEN BEACH FL 34957
			500042554805 11/08/04--01022--007 **750.00
			500042554805 12/02/04--01048--003 **159.75

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name
Bill Childers
Street Address (P.O. Box Number is Not Acceptable)
10560 Limeberry Dr.
Suite, Apt. #, Etc.
City
Boynton Beach
State
FL
Zip Code
33436

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. or 617.0505, F.S.

Signature of
Registered Agent

Bill Childers
REGISTERED AGENT MUST SIGN

Date

11/02/04

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:

Bill Childers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/02/04
Date

704-325-8483
Daytime Phone #

CR2E040 (7/03)