

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC -2 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002396

**1. Corporation Name**

PRONET CONSULTING SERVICES INC

**2. Principal Office Address**

5515 SCIOTO DARTBY RD 4000 PONCE DE LEON BLVD

Suite, Apt. #, etc.

-302 H

**3. Mailing Office Address**

Suite, Apt. #, etc.

470

City & State

HILLIARD

City & State

CORAL GABLES

Zip

OH 43026 US

Zip

FL 33146 US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

05/11/1999

**5. FEI Number**

311499407

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

BALAJI S. THIRUVANMALAI

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

4000 PONCE DE LEON BLVD

Suite, Apt. #, Etc.

470

City

CORAL GABLES

State

FL

Zip Code

33146

**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 12/1/04

**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
VSTD	BALAJI THIRUVANMALAI	4000 PONCE DE LEON BLVD, 470 CORAL GABLES FL 33146	CORAL GABLES FL 33146
PCD	GOPINATH SANTANAM	5149 STON HOPE ROAD	NEW ALBANY, OH 43054

**10. 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

BALAJI THIRUVANMALAI

Date

12/1/04 3057770255

Daytime Phone #

CR2E081 (01/04)