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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

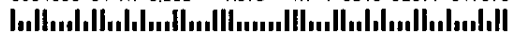
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1. **DOCUMENT #** L00000000529

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0004036 01 AT 0.292 **AUTO H7 1 0615 32877-017878



PROAICON USA, L.L.C.

PO BOX 770178

ORLANDO FL 32877-0178



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/23/1999	
Principal Place of Business 7810 KINGSPONTE PKWY, SUITE 105 ORLANDO FL 32819	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3599732	Applied For Not Applicable
8. Name and Address of Current Registered Agent BAUTISTA, HECTOR ESQ. 13825 OSPREY LINKS RD., STE. 259 ORLANDO FL 32837		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200028215002 02/04/04--01052--008 **200.00 City FL Zip Code	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Signature] **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BAUTISTA, HECTOR	13825 OSPREY LINKS RD., STE. 259	ORLANDO FL 32837
MGR	BAUTISTA, DIEGO	142-B CASCADE STREET	DELTONA FL 32725

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

[Signature] **SIGNATURE REQUIRED**

Date 1/30/04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

HECTOR BAUTISTA

CR2E034 (7/03)