

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

FILED
 02 DEC 16 AM 8:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000010863

Name and Mailing Address

0010876 01 FP 0.352 **PRSR H2 0 0615 32835-530835
 PROFLOA, LLC
 335 MINNEOLA DR
 ORLANDO FL 32835-5308



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 335 MINNEOLA DR ORLANDO FL 32835		5. Date Organized or Qualified To Do Business in Florida 09/08/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent TRONCON, MARIA A 335 MINNEOLA DR ORLANDO FL 32835		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 0000009490320 12/12/02--01083--003 **150.00 City FL Zip Code	
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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 *Maria A Troncon* Date 12/01/02
 REGISTERED AGENT MUST SIGN

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	TRONCON, MARIA A	335 MINNEOLA DR	ORLANDO FL 32835

REINSTATEMENT 2002
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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 *Maria A Troncon* Date 12/01/02 Daytime Phone # 12/01/02