

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000004291

1. Entity Name  
PROPEL, INC.



Principal Place of Business  
499 E. PALMETTO PARK RD., STE. 208  
BOCA RATON, FL 33432

Mailing Address  
499 E. PALMETTO PARK RD., STE. 208  
BOCA RATON, FL 33432

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272008 REIN-NP CR2E099 (1/07)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROENFELDT, ESQ., STUART A  
499 E. PALMETTO PARK RD., STE. 208  
BOCA RATON, FL 33432

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

700137601977  
11/04/08--01009--027 \*\*70.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME TRINKA, ROXANNA  
STREET ADDRESS 499 E. PALMETTO PARK ROAD, SUITE 208  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE PD ☒ Change ☐ Addition  
NAME Andrew Scott  
STREET ADDRESS 750 Elmtree Lane  
CITY-ST-ZIP Boca Raton, FL 33486

TITLE VD ☒ Delete  
NAME BATMASIAN, JIM  
STREET ADDRESS 499 E. PALMETTO PARK ROAD, SUITE 208  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE VD ☒ Change ☐ Addition  
NAME Scott Walton  
STREET ADDRESS 215 North Federal Highway  
CITY-ST-ZIP Boca Raton, FL 33432

TITLE SD ☒ Delete  
NAME BATMASIAN, MARTA  
STREET ADDRESS 499 E. PALMETTO PARK ROAD, SUITE 208  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE SD ☒ Change ☐ Addition  
NAME Pamela Willis  
STREET ADDRESS 3299 N.W. Boca Raton Boulevard  
CITY-ST-ZIP Boca Raton, FL 33431

TITLE TD ☒ Delete  
NAME AIELLO, MICHAEL  
STREET ADDRESS 499 E. PALMETTO PARK ROAD, SUITE 208  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE :3 TD ☒ Change ☐ Addition  
NAME William Lawler  
STREET ADDRESS 595 S. Federal Highway Suite 100  
CITY-ST-ZIP Boca Raton, FL 33432

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Lawler*

27 Oct 08

561-955-8553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/9/08