


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000037417

1. Corporation Name

PROSPECTIVE DECISION MODELS, INC.

Principal Place of Business

2955 WHITEHEAD STREET
MIAMI FL 33133

Mailing Address

2955 WHITEHEAD STREET
MIAMI FL 33133

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/2000

5. FEI Number

65-1016524

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
P	Juan M. Huerta	2955 Whitehead St	Miami, FL 33133
V	Jane H. Huerta	2955 Whitehead St.	Miami, FL 33133
			800005168918--2
			03/26/02 01039 006
			****900.00 ****900.00

REINSTATEMENT

01-02
170

8. Name and Address of Current Registered Agent

MAYER, ROBERT M ESQ.
1320 S DIXIE HWY
SUITE 811
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

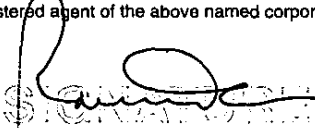
City

State
FL

Zip Code

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.

Signature of
Registered Agent

 SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/10/01

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:

 JANE H. HUERTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/01 786-368-6335
305-446-1502

Date

Daytime Phone #

CR2E040 (8/01)