

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP -4 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000052551

1. Corporation Name

PROGRAL LTDA, INC.

2. Principal Office Address

1627 NW 144TH WAY

Suite, Apt. #, etc.

City & State

P. PINES, FL

Zip

33028

Country

USA

3. Mailing Office Address

1627 NW 144TH WAY

Suite, Apt. #, etc.

City & State

P. PINES, FL

Zip

33028

Country

USA

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

05/31/2000

5. FEI Number

651013887

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

ISMAEL GUETE

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

1627 NW 144TH WAY

Suite, Apt. #, Etc.

City

P. PINES

State

FL

Zip Code

33028

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 09/02/2003

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
PSD	ISMAEL GUETE	1627 NW 144TH WAY	P. PINES, FL 33028
VTD	ANNETTE ANDRADE	1627 NW 144TH WAY	P. PINES, FL 33028

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

09/02/2003 (305) 761-1016

Date

Daytime Phone #