

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 23 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060260

1. Corporation Name

Procon Inc.
11431 SW. 5TH ST.
MIAMI - FL. 33174-1052312

2. Principal Office Address

11431 SW. 5TH ST.
MIAMI - FL. 33174

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami - FL.

City & State

Zip

Country

Zip

Country

Miami Dade

4. Date Incorporated or Qualified
To Do Business in Florida

6-21-2000

5. FEI Number

65-1022139

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

Rogelio Martinez

400003912184--9

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

11431 SW 5TH Street.

03/27/01-01059-020

***150.00 ***150.00

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33174

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 3-19-2001

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
D	Rogelio Martinez	11431 SW. 5TH ST.	MIAMI - FL. 33174
D	Roxetta Rivera	11431 SW. 5TH ST.	MIAMI - FL. 33174

SP

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.

Rogelio Martinez

Director

3-19-2001 (35) 229-1871

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #