

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 28 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060286

1. Corporation Name

PROTOCOL TECHNOLOGIES.COM, INC.

300024440703  
11/05/03--01014--011 \*\*150.00

300024440703  
11/05/03--01014--010 \*\*150.00

2. Principal Office Address

1380 WEST FLAGLER ST.

3. Mailing Office Address

1380 WEST FLAGLER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33135

Country

USA

Zip

33135

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 06-16-2000

5. FEI Number

65-1020815

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-03

**7. Name and Address of Current Registered Agent**

Name

COLON, WILLIAM R

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

2775 WEST 61 PL, #206

Suite, Apt. #, Etc.

#206

City

HIALEAH

State

FL

Zip Code

33016

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

*William R Colon*

REGISTERED AGENT MUST SIGN

Date 10-23-03

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
CEO	WILLIAM R COLON	2775 WEST 61 PL, #206	HIALEAH, FL 33135

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:

*William R Colon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-644-5900  
10-23-03 765-290-2820  
Date Daytime Phone #

CR2E081 (10/02)

**PT**

**PROTOCOL**Technologies

Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314  
ATTN: Reinstatement Section

RE: Penalty Fee Waiver and Reinstatement

To whom it may concern:

As requested, I am writing to waive the \$600.00 penalty fee for not filing the 2002 annual report, reason being that I did not receive the annual report first or second notice. Enclosed please find the reinstatement application together with the 2002 annual report fee of \$150.00 and an additional \$150.00 for the annual report fee for 2003.

Thank you for your assistance.

Cordially,

*William R Colon*

William R. Colon  
CEO & President  
Protocol Technologies.com, Inc

Before me personally appeared William R Colon well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal in the State and County aforesaid, this 23<sup>rd</sup> day of October 2003

*Sixto R. Acevedo*  
Notary Public  
State of Florida  
My Commission Expires:

