

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV 17 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000080364

1. Corporation Name

PRO SEALER INC

2. Principal Office Address

1069 E 14 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1069 E 14 STREET

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

City & State

HIALEAH, FLORIDA

Zip

33010

Country

USA

Zip

33010

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/21/2000

5. FEI Number

65-1034873

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

02-05

7. Name and Address of Current Registered Agent

Name

PEDRO V RODRIGUEZ

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

1069 E 14 STREET

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33010

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

*Pedro Rodriguez*

REGISTERED AGENT MUST SIGN

Date 11/14/2005

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
PD	PEDRO V RODRIGUEZ	1069 E 14 STREET	HIALEAH, FL 33010
			000061521930 11/17/05--01048--010 **100.00
	<i>R. 11/18</i>		000061521930 11/17/05--01048--009 **500.00

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:

*Pedro Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/2005

Date

305-710-7539

Daytime Phone #

**PRO SEALER INC**

1069 E 14 STREET  
HIALEAH, FL 33010

Department of State  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

RE: P00000080364

Dear Sir or Madam:

The undersigned hereby files this my Corporation Reinstatement Form in regard to the above mentioned document number P00000080364 and states that I was not able to file the Uniform Business Report for the year 2002 because I moved to 1069 E 14<sup>th</sup> Street, Hialeah, FL 33010 since March 1, 2002 because I went through a Divorce.

Please take consideration that I submitted a change of address with the United States Postal Service, on several occasions, but my ex-wife returned some of my correspondence and I was not able to receive it, therefore I am requesting an exemption on the Late Charge Fee.

I am submitted the payment of **\$600.00** to cover the annual fee report and fee for the years 2002, 2003, 2004, 2005.

Thank you for your time and effort in this matter.

Sincerely,

  
\_\_\_\_\_  
PEDRO V RODRIGUEZ  
Director