

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000024856**

1. Corporation Name

PROUT SERVICES USA, INC.

Principal Place of Business

**888 BRICKELL AVE
5TH FLOOR
MIAMI FL 33131**

Mailing Address

**888 BRICKELL AVE
5TH FLOOR
MIAMI FL 33131**

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

03/09/2001

5. FEI Number

65-1084188

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
D	DE STEFANO, RAFAEL R	888 BRICKELL AVE	MIAMI FL 33131
D	DE STEFANO PAUL, DORA D	888 BRICKELL AVE	MIAMI FL 33131
D	DE STEFANO PAUL, RENATO	888 BRICKELL AVE	MIAMI FL 33131
D	DE STEFANO PAUL, ANDREINA	888 BRICKELL AVE	MIAMI FL 33131

8. Name and Address of Current Registered Agent

**URDANETA, JUAN VICENTE
888 BRICKELL AVE
5TH FLOOR
MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name **Jorge Gabez-Piiego, Esq.**
Street Address (P.O. Box Number is Not Acceptable) **888 Brickell Avenue**
Suite, Apt. #, Etc. **5th Floor**
City **Miami** State **FL** Zip Code **33131**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

10/20/03

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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/03 (305) 358-0028

CR2E040 (7/03)