

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 20 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000032574

1. Corporation Name

PROTEUS ENTERPRISES INCORPORATED

REINSTATEMENT 03-04

2. Principal Office Address

8401 SW 107 AVENUE

Suite, Apt. #, etc.

146E

City & State

MIAMI, FLORIDA

Zip

33173

Country

USA

3. Mailing Office Address

8401 SW 107 AVENUE

Suite, Apt. #, etc.

146E

City & State

MIAMI, FLORIDA

Zip

33173

Country

USA

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

03/30/01

5. FEI Number

65-1089688

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

ARENAS, MARIA V.

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

8401 SW 107 AVENUE

Suite, Apt. #, Etc.

146E

City

MIAMI

State

FL

Zip Code

33173

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/06/2003

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
PD	ARENAS, MARIA V	8401 SW 107 AVENUE # 146-E	MIAMI, FL 33173
VPD	BARRIOS, MARCO	PASAJE INFANTE 6546 STA ANA	LA SERENA, CHILE

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

10/06/03

Date

Daytime Phone #

CR2E081 (10/02)

-2

Miami, Florida
October 6, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: P01000032574
PROTEUS ENTERPRISES INCORPORATED
8401 SW 104 AVENUE #146E
MIAMI, FL 33173

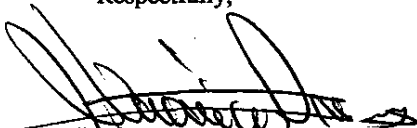
To Whom It May Concern:

Upon our conversation I am enclosing the Corporation Reinstatement Form due to the fact that I never received the Annual Report to be filed this year.

As per your request I'm enclosing the form with the \$150.00 fee and requesting to your office waive the penalties incurred in this situation.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,



MARIA V ARENAS
President