

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

192

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

06 MAY -1 AM 10:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000033106

1. Corporation Name
 Professional Hurricane, Inc

400075271834
 05/25/06--01019--005 **750.00

2. Principal Office Address
 2495 W. 80 St.
 Suite, Apt. #, etc.
 # 4
 City & State
 Hialeah, FL
 Zip Country
 33016 Dade

3. Mailing Office Address
 2495 W 80 St.
 Suite, Apt. #, etc.
 # 4
 City & State
 Hialeah, FL
 Zip Country
 33016 Dade

REINSTATEMENT 02-06

4. Date incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1087819 **Applied For** Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

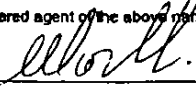
Name Mario Valdes

Street Address (P.O. Box Number is Not Acceptable) 2495 West 80 Street

Suite, Apt. #, Etc. # 4

City Hialeah, FL **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.

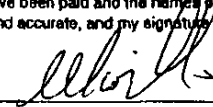
Signature of Registered Agent  **Date** 04-26-06

REGISTERED AGENT MUST SIGN

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
PP	Mario Valdes	2495 W. 80 St # 4	Hialeah, FL 33016
VP	Juan Oliva	17360 SW 232 St Lot 55	Miami, FL 33170

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:  **04-26-06** **786.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2001 (9/01)

PROFESSIONAL HURRICANE, INC

2495 West 80 Street, Suite 4

Hialeah, FL 33016

Phone (786)298.1597

2072

April 26, 2006

Florida Department Of State

Division Of Corporations

Tallahassee, FL

Attention: Reinstatement

Re: P01000033106

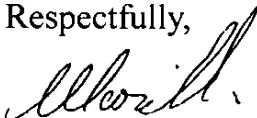
Dear Sr.,

Attached please find check # 1039 in the amount of \$ 750.00 corresponding to annuities of the years 2002, 2003, 2004, 2005 and 2006.

Please waived the late penalty fee because we do not received-2002- information about this payments. Notice we change our address and we are adding a new officer to the Corporation Articles.

Thanks in advance for your time and consideration to this matter and please feel free to contact me if you need further information.

Respectfully,



Mario Valdes

President