

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 DEC 31 PM 12:27

DOCUMENT # P01000076301

1. Corporation Name

PRO ALLIANCE, INC.

2. Principal Office Address - No P.O. Box #

17300 N W 24th AVENUE

3. Mailing Office Address

17300 N W 24th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPA-LOCKA, FL

City & State

OPA-LOCKA, FL

Zip
33056

Country
US

Zip
33056

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-1128752

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

GARY A. SOMAN

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

17300 N W 24th AVENUE

Suite, Apt. #, Etc.

City
OPA-LOCKA

State
FL

Zip Code
33056

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 12-18-07

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
PD	GARY A. SOMAN	17300 N W 24th AVENUE	OPA-LOCKA, FL 33056

100113551521
01/02/08--01034--012 **600.00

REINSTATEMENT

04-07

B 1/4/08

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-18-07

Daytime Phone #

561-3056173