

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 30 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000090590

1. Corporation Name

PRO INCA ENTERPRISES, INC

REINSTATEMENT 03-04

500031357665  
03/29/04--01097--009 \*\*308.75

2. Principal Office Address  
3072 SW 38 AVE

3. Mailing Office Address  
2611 SW. 3er STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33146

Country  
USA

Zip  
33135

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida SEPTEMBER, 14 2001

5. FEI Number  
651141041

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  
STEPHEN RAPPORT

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

Suite, Apt. #, Etc.  
711

City  
CORAL GABLES

State  
FL

Zip Code  
33134

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

REGISTERED AGENT MUST SIGN

Date March 19th, 2004

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	Lisandro de Jesus Montes de Oca	201 Alhambra Circle. Suite 711	Coral Gables, FL 33134

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19th, 2004 305-8651825

Date

Daytime Phone #

CR2E081 (01/04)

Miami, March 23, 2004

To whom it may concern:

From now on, please send all important mails for PRO INCA ENTERPRISES, INC. to the following address:

Pro Inca Enterprises, Inc.  
2611 SW. 3er Street  
Miami, FL 33135  
USA

Sincerely,

Lisandro Montes de Oca  
Director