

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 FEB 22 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100848

1. Corporation Name

PROAMAR, Inc.

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

555 NE 15 ST.

3. Mailing Office Address

Suite, Apt. #, etc.

APT. 20-I

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33132

Country

USA

Zip

Country

CR2B081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

161615248

☐ 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

JOSE SALAZAR

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

555 NE 15 ST.

Suite, Apt. #, Etc.

APT 20-I

City

Miami

State

FL

Zip Code

33132

400244985744
02/22/13--01008--025 **1050.00

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 02-21-13

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	JOSE SALAZAR	555 NE 15 ST. APT. 20-I	Miami FL 33132
VP	INGRID SALAZAR	555 NE 15 ST. APT 20-I	Miami FL 33132

REINSTATEMENT

FEB 22 2013

R. HUNT

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify 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

Daytime Phone #

02-21-13