

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -5 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000005841

1. Corporation Name

Pro-style OF America, INC.

200031836452
04/05/04--01056--001 **900.00

REINSTATEMENT 03-04

2. Principal Office Address

2360 W 77th ST

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 260893

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Pembroke Pines, FL

Zip

33016

Country

USA

Zip

33026

Country

USA

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

5. FEI Number

01-0609127

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

CARLOS OROZCO

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

4000 FERN FOREST RD.

Suite, Apt. #, Etc.

City

COOPER CITY.

State

FL

Zip Code

33026

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

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
PT	CARLOS OROZCO	4000 FERN FOREST RD.	Cooper City FL 33026
VP	AMPARO OROZCO	4000 FERN FOREST RD.	Cooper City FL 33026

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

President

3/31/04

Date

305 525 0177

Daytime Phone #

CR2E081 (07/04)